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ABSTRACT

In this book counseling approaches with a variety of populations are examined using these creative arts: music; dance/movement; imagery; visual arts; literature; drama; and play and humor. It is noted that all of these arts are process-oriented, emotionally sensitive, socially directed, and awareness-focused. Chapter 1 discusses the history, rationale, and benefits of using the arts in counseling. Chapters 2-8 use a systematic format to describe: (1) the introductory background about particular art form; (2) the premise behind using the art form discussed; (3) the general practice of employing the art in counseling settings; (4) the unique ways this art is utilized with special populations such as children, adolescents, adults, the elderly, groups, and families; and (5) art-related exercises. Chapter 9 discusses trends in counseling and creative arts, focusing on research, education, identity, and the interdisciplinary movement. Each chapter opens with a short poem by S. T. Gladding, and includes references. The book concludes that creative arts in counseling are currently undergoing a transition that promises to be long-term and productive, with major efforts underway on a grass-roots level to promote the recognition of creative arts therapies in a more positive way as a profession. (ABL)

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Counseling as an Art: The Creative Arts In Counseling

Samuel T. Gladding, PhD

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Samuel T. Gladding, PhD

American Association for
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To Jim Cotton, Robbin McInturff, Mariam Cosper, Laurie Smith, and the other helping professionals at Adult and Child Developmental Specialists in Birmingham, Alabama, who taught me the art of good counseling and with whom I shared 6 wonderful years.

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Preface

Counseling is a creative process exemplified in such diverse activities as the formulation of theories, the timing of interventions, and the changes clients make. Effective counselors are aware of the multidimensional qualities of the counseling process and utilize them effectively in the uniqueness that is their own style. One aspect of counseling that promotes the best within the helping context is the use of the creative arts. By their very nature these arts foster a different way of experiencing the world, and when employed in clinical situations, they help counselors and clients gain different perspectives on problems and possibilities.

In this book, counseling approaches with a variety of populations are examined using the following creative arts:

1. music;
2. dance/movement;
3. imagery;
4. visual arts;
5. literature;
6. drama; and
7. play and humor.

All these arts are process-oriented, emotionally sensitive, socially directed, and awareness-focused. They can be applied in numerous forms for working with clients over the life span. They enable people from diverse backgrounds to develop in ways that are personally enhancing and enjoyable.

Counselors, social workers, psychologists, psychiatric nurses, clergy, and psychiatrists in virtually any work setting from schools to mental health centers will find the contents of these pages useful because of the pragmatic nature of the material covered. Chapters 2 through 8, with their systematic format, will be especially helpful and will allow readers to learn a great deal in a relatively brief time and in a uniform manner. These chapters contain the following:

1. introductory background about the particular art form;
2. the premise behind using the art form discussed;
3. the general practice of employing the art in counseling settings;
4. the unique ways this art is utilized with special populations such as children, adolescents, adults, the elderly, groups, and families;
5. a summary;
6. art-related exercises; and
7. references.

In addition, the first and last chapters of this book contain information on the history and rationale of using artistic methods in general and current trends in using the arts in counseling, respectively. Thus these chapters enable readers to gain a global view of the field. Overall, practitioners will find this book "user friendly," with the ideas disclosed having been field-tested. By carefully reading this book and applying its precepts, you as a counselor will become better informed and skilled, and more appreciative of the art of counseling.

Acknowledgments

Writing a book is never a solo operation. Thus, I wish to acknowledge the individuals who have helped me in this process. First, I am indebted to the AACD Media Committee for accepting my proposal for this project. Dr. Richard L. Hayes (University of Georgia) gave me particularly good ideas on developing the text. Next, I want especially to thank Elaine Pirrone, AACD Acquisitions and Development Editor, who gave me excellent input, feedback, and encouragement. She exemplifies the best within the counseling profession, and she was always timely and informative in working with me. I am also grateful for the input of reviewers Drs. Howard S. Rosenblatt (University of Hartford), Stephen G. Weinrach (Villanova University), and JoAnna White (Georgia State University). They were honest and straightforward in their appraisal of the manuscript, and because of their constructive criticism, this work is far better than it would have been.

Furthermore, I wish to thank my clients and colleagues over the years for sharing so many practical ideas with me. I would never have become interested in the field of the arts in counseling if those with whom I interacted had not shown me the usefulness of such methods. Finally, as always, I am grateful to my most understanding and supportive wife, Claire. She has nourished me and this book with her suggestions, understanding, and dedication. I am truly a fortunate individual.

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About the Author

Samuel T. Gladding is Assistant to the President and professor of counselor education at Wake Forest University in Winston-Salem, North Carolina. His leadership in the field of counseling includes service as editor of the *Journal for Specialists in Group Work*, president of Chi Sigma Iota (counseling academic and professional honor society international), Vice President for Professional Development of the Association for Humanistic Education and Development (AHEAD), and president of the Southern Association for Counselor Education and Supervision (SACES). He is the author of numerous publications including two counseling texts, *Counseling: A Comprehensive Profession* and *Group Work: A Counseling Specialty* (Merrill/Macmillan). He has also written and produced a videotape, *Uses of Metaphors and Poetry in Counseling* (AACD).

Gladding is an active workshop presenter on the use of the arts in counseling and has worked as a professional counselor in the public and private domains. He holds degrees from Wake Forest, Yale, and the University of North Carolina at Greensboro, and is a National Certified Counselor (NCC) and a Certified Clinical Mental Health Counselor (CCMHC). He has served as a member of the Alabama Board of Examiners in Counseling as well. Gladding's previous academic appointments have been at Fairfield University (Connecticut) and the University of Alabama at Birmingham. He is married to the former Claire Tillson and is the father of three children—Benjamin, Nathaniel, and Timothy.

1

History, Rationale, and Benefits of Using the Arts in Counseling

I am taken back by your words—
To your history and the mystery of being human
in an all-too-often robotic world.
I hear your pain
and see the pictures you paint
so cautiously and vividly.
The world you draw is a kaleidoscope
ever changing, ever new, encircling and fragile.
Moving past the time and through the shadows
you look for hope beyond the groups you knew as a child.
I want to say: "I'm here. Trust the process."
But the artwork is your own
so I withdraw and watch you work
while occasionally offering you colors
and images of the possible.

(Gladding, 1990, p. 142)

COUNSELING IS A PROFESSION with the common purpose of making human experience constructive, meaningful, and enjoyable. It is like art in its emphasis on creativity, structure, uniqueness, enactment, and originality. This is a book on the uses of the "creative arts" in counseling. A creative art is an art form, either verbal or nonverbal, that sensitizes or facilitates the involvement of clients into counseling and enables them to grow and develop in functional and healthy ways. Cultivation of the arts is enriching for counselors as well because it sensitizes them to beauty and creates within them a greater awareness of possibilities (Jourard & Landsman, 1980). Traditional arts range from those that are primarily auditory and written (e.g., drama, music, poetry, and bibliotherapy) to those that are predominantly visual (e.g., drawing, painting, mime, dance, and movement). These two categories overlap frequently, and in most cases two or more art forms are combined in counseling, such as literature and visual art, or dance and music.

This book focuses on the contents and possibilities of specific arts. Thus, the timing and results (that is, the movement and outcome of counseling) will be addressed only secondarily. Just as becoming a painter takes talent, sensitivity, courage, and years of devotion, a similar process is at work in counseling, where the actual practice differs from a knowledge of theory alone (Cavanagh, 1982). This book emphasizes the ingredients needed to enrich counseling through using the arts; the effective implementation of these skills and processes, however, will come only with practice.

History of the Arts in the Helping Professions

Many of the creative arts, such as poetry, music, and dance, have a long and distinguished history in the provision of mental health services. Various art forms have been employed since ancient times to help prevent and remediate internal and external strife. Some of their most notable contributions are chronicled here in segments of broad time periods.

Ancient Cultures and the Arts

The ancient Egyptians, as early as 500 B.C., encouraged the mentally ill "to pursue artistic interests and attend concerts and dances" (Fleshman & Fryrear, 1981, p. 12). The idea was that through such activities individuals could release feelings and be made whole again. Likewise, the ancient Greeks "employed drama and music as a means to help the disturbed achieve catharsis, relieve themselves of pent up emotions, and return to balanced lives" (Gladding, 1985, p. 2). The connection to and importance of music in the lives of the Greeks is symbolized in the Greek god Apollo, who was both the god of music and god of medicine. "The Greek philosophers Plato and Aristotle often talked about the effects of music and its importance to the health of the whole person" (Peters, 1987, p. 25). They advocated the careful control of music to promote many moods from relaxation to excitement (Grout, 1973).

The early Hebrews also used music and lyrical verse in helping to develop integrated and healthy relationships. For example, for those who were emotionally volatile, such as King Saul, music served a calming function. In addition, music was employed to remind people of the covenant relationship they shared with Yahweh (i.e., God) and each other.

The psalms, for instance, played a major part in worship and in creating a sense of community during religious rituals. At its peak the temple establishment employed 288 full-time musicians (Peters, 1987).

Similarly, the ancient Roman philosophers admonished the public to use the arts to achieve health and happiness. Lucretius, Cicero, and Seneca "all spoke in different ways of the healing power of 'discourse.' Poetry, Lucretius said, could disperse the 'terrors of the soul' " (Coughlin, 1990, p. A6). A further belief among the Romans was that the study of humane letters, the first form of bibliotherapy, could alleviate pain. Finally, the Romans used the music of flutes and the sounds of cymbals to dispel melancholy thoughts as well as to promote wellness (Peters, 1987).

Evidently, healers of the ancient world thought that there was power in the arts. They encouraged their followers to experience these forms of creativity vigorously for they believed that such a procedure would have a significant impact on them. Therefore, it is not surprising that in all the cultures mentioned in this text, an art was usually connected with every cure or therapeutic intervention.

The Middle Ages, the Renaissance, and the Arts

In the Middle Ages, magic and superstition replaced the arts in many quarters as the primary way to treat the emotionally disturbed. Yet even in these "Dark Ages," the traditions and actual works of music, art, and literature were preserved in European monasteries and were considered in the Judeo-Christian tradition a relevant part of the process of healing (Coughlin, 1990; Flake, 1988). An interesting example of the use of the arts in the service of health was the treatment of the disorder known as "tarantism," which arose in southern Italy during this medieval period and was believed to be caused by the bite of a tarantula. It was thought that the only cure of this disease was music accompanied by the performance of a dance known as the "tarantella" (Coughlin, 1990).

In contrast to this period in European history was the more enlightened use of music, dance, painting, and literature as healing forces in African, Native American, and Asian cultures (Fleming, 1986). For example, African music developed into a form with strong, driving rhythms and choral singing, which helped bind communities together. In addition, Asian, African, and Native American art in the form of paintings, jewelry, masks, and architecture flourished and imbued these cultures with a distinctiveness and freedom unknown in Europe at the time.

During the European Renaissance, the use of the arts was emphasized in preventive and remedial mental health services just as it had been in ancient cultures such as the Greek. For example, in the 15th century "an Italian named Vittorino de Feltre emphasized poetry, dance, and games" in the education of children and suggested the alternation of study and play in working with children (Flake, 1988). In the 1600s, "writers such as Robert Burton, author of *The Anatomy of Melancholy* (1621), talked about the role of the imagination in both psychological illness and health" (Coughlin, 1990, p. A9). One of Burton's premises was that individuals who were imaginative and thus creative were more likely to be healthy. They could play and laugh and see their personal worlds as both comedies and tragedies. Therefore they could keep a better balanced and more realistic perspective on life.

The integration of health and the arts was exemplified in the work of 17th century physicians, such as Tommaso del Garbo, who advised his patients that one way to avoid the plague was to keep a positive mind-set and to listen to music (Peters, 1987). His belief

in the healing power of music was apparently common in the culture of the day, as reflected in plays written by Shakespeare. Likewise, the poetry of meditation in 17th century England emphasized health and wholeness. Poets such as Robert Southwell, John Donne, and George Herbert practiced methodical meditation in order to become more sensitive to the images within themselves that they in turn expressed in verse (Martz, 1962). Thus in this case, concentration led to art, which led to further exploration and the discovery of the self.

The Industrial Revolution to the Twentieth Century

At the beginning of the industrial revolution in the 18th century, the use of the arts in the service of healing had expanded. Reformers, such as Philippe Pinel in France, Benjamin Rush in the United States, and William Tuke in England, stressed the humane treatment of mental patients, and a form of counseling known as "moral therapy" was begun. In this approach to treatment, mental patients were sent to country retreats where they received individual attention including occupational training as well as involvement in the arts including selected reading, music, and painting (Fleshman & Fryrear, 1981). It was in this type of an environment that Vincent van Gogh, a famous impressionist painter, spent part of his life as an adult. Overall, this approach proved to be beneficial but was time-consuming and expensive. Thus, it was relatively short-lived.

Despite the brief duration of some forms of art treatment, however, the power and impact of the arts continued. Music, for instance, was seen as an adjunct for the practice of medicine (Heller, 1985).

The Twentieth Century and Art

In the 20th century, the use of the arts in counseling has expanded significantly. One of the reasons is the work of Sigmund Freud. It was Freud who first probed into the influence of the unconscious through the exploration of dreams and humor. His systematic way of treatment enabled others to emulate many of his methods, such as the inducement of catharsis. More importantly, it was Freud who set the standard for incorporating artistic concepts into his therapeutic work. "Freud found the fiction of Dostoyevsky, Sophocles, and Shakespeare, the sculpture of Michelangelo and Leonardo . . . to be the inspiration for his theories. It was not his formal medical training, as much as his readings of King Lear, Hamlet, Oedipus Rex, and The Brothers Karamazov, that formed the cornerstone of his theories" (Kottler, 1986, p. 35).

The work of Carl Jung (1965), particularly his examination and use of universal archetypes, such as mandalas, also made the arts more attractive to researchers and innovators in counseling. As Jung stated: "the psychological work of art always takes its materials from the vast realm of conscious human experience—from the vivid foreground of life" (Jung, 1933, p. 157). Throughout his life Jung continued to draw and paint, portraying his dreams in writings and illustrations, which he sometimes carved in wood and stone. "He felt that psychological health was a delicate balance between the demands of the outer world and the needs of the inner world. To him, the expressive arts represented an important avenue to the inner world of feelings and images. He came to see the unconscious mind . . . as a source of health and transformation" (Allan, 1988, pp. 20–21). Thus, through the influence of Jung, art and creativity became more valued as ways of understanding human nature.

In addition, the creative genius of Jacob Moreno (1923), the founder of psychodrama, fostered the use of enactment as a means to work through pain and achieve balance. Moreno originated numerous psychodrama techniques to help clients become more self-aware and make insightful breakthroughs. All of his innovations have an artistic dimension, but among the most notable are:

a. creative imagery, where participants imagine pleasant or neutral scenes in order to help them become more spontaneous;
b. sculpting, where participants nonverbally arrange the body posture of group members to reflect an important experience in their lives with significant others;
c. monodrama, where participants play all the different parts of themselves; and
d. role reversal, where participants literally switch roles with others (Blatner, 1988).

Overall, the emergence of powerful personalities as advocates has been a major reason for the growth of the arts in counseling during the 20th century. For example, in addition to the theorists already mentioned, the writings of Abraham Maslow, Rollo May, Arnold Lazarus, Virginia Satir, Bunny Duhl, Peggy Papp, and Cloé Madanes have emphasized the importance of counseling as an artistic endeavor or as a profession that can make a difference through the use of the arts. Research emphasizing the results of specific "artistic" strategies and interventions also has resulted in increased acceptance of artistic components in helping relationships.

Another important reason why the use of the arts and artistic methods has achieved prominence in counseling is due to the development of theories and the treatment of clients following the Second World War. For example, veterans were often in need of extended care from the traumas of combat. In concert with the traditional "talk therapies," mental health practitioners, such as psychiatrists and psychologists, began developing new approaches to working with the impaired that included the use of some arts, such as drawing/painting, music, and literature. In this creative atmosphere, clients were helped both to identify and to work through pent-up emotions. Consequently, the arts as an adjunct to regular mental health practices gained new recognition and acceptance. Furthermore, professional art therapy associations were formed. Some of these associations, such as the American Dance Therapy Association, advocated using the arts in the service of counseling in an even more centralized way than had previously been tried.

As a result of these postwar developments, art therapies attracted more interest and gained more acceptance as unique and valuable disciplines. In the 1960s, universities began designing degrees in the "art therapies," for example, dance and the visual arts. The graduates of these programs generated new enthusiasm and energy to develop standards and guidelines for practice. By 1991 four art therapies (art, music, dance, and poetry) had emerged whose associations either registered or certified their members as minimally qualified practitioners. Also, attempts have been made to have art therapists licensed in some states.

Paralleling the growth of professional associations was a surge in the publication of periodicals dealing with the arts in counseling, such as *Arts in Psychotherapy*. Likewise, in the 1980s there was an increased effort at sharing knowledge among mental health professionals interested in the arts. Thus, the National Coalition of Arts Therapy Associations (NCATA) was established. It held interdisciplinary conferences for art therapists in 1985 (New York) and 1990 (Washington). The emergence of NCATA strongly signaled the emergence of the arts in counseling and the arts as therapy.

Rationale for Using the Arts in Counseling

Besides the historical precedents, there are numerous reasons for using the arts in counseling. First, the arts are a primary means of assisting individuals to become more completely in touch with themselves in order to experience the *connectedness* between their minds and bodies. Often people who become mentally disturbed, such as anorexics or depressives, have distorted views of their bodies or do not acknowledge or use their bodies in productive ways. Because of this distortion, they estrange themselves from reality and therefore prevent healing forces within themselves from coming into action. This is a phenomenon that Carl Rogers (1957) described as an "incongruence" that prevents growth and development. Many of the arts, such as dance and music, have the potential for helping individuals become more integrated and more aware of their total selves.

A second reason for using the arts in counseling involves *energy and process*. Most arts are participatory and require the generation of action. This type of active involvement helps give individuals new energy and is reinforcing. It leads somewhere. In many cases the input and output energy cycle is similar to that of a marathon runner. Initially, a runner uses energy to cover mileage at a set pace. Later, after considerable physical pain, he or she may experience what is known as a "runner's high," where there is a feeling of renewal and energy within that allows the person to pick up the pace. After participation in such an event, the individual analyzes what happened and how what was learned can influence the future. This type of reflecting and talking can result in new and usually improved functioning.

A third reason for incorporating the arts in counseling is *focus*. There is an old African-American saying to "keep your eye on the prize." The arts, especially those that involve vision, allow clients to see more clearly what they are striving for and what progress they are making toward reaching their goals (Allan, 1988; Lazarus, 1977). Other nonvisual arts such as those dealing with sound also encourage this type of concentration.

Yet a fourth rationale for using the arts in counseling is *creativity*. To be artistic as a counselor or to use the arts in counseling "enlarges the universe by adding or uncovering new dimensions," while at the same time enriching and expanding the horizons of people who participate in such a process (Arieti, 1976, p. 5). Thus counseling as an art, and the use of the arts in counseling, expands the world outwardly and inwardly for participants. Better yet, the artistic side of counseling allows and even promotes such a phenomenon in an enjoyable and relaxed manner.

A fifth reason for including artistic components within counseling is to *establish a new sense of self*. Awareness of self is a quality that usually increases with age (Erikson, 1968; Jung, 1933). However, this ability to become more in contact with the various dimensions of the self can be sped up and highlighted through the use of the arts in counseling. The visual, auditory, or other sensory stimuli used in counseling sessions enable clients to experience themselves differently. In an atmosphere where spontaneity and risk taking are encouraged within limits, clients are able to exhibit and practice novel and adaptive behaviors. Thus, clients gain both confidence and ability, and the arts assist them continuously to "become" (Allport, 1955).

A sixth reason for including the arts in counseling involves *concreteness*. In using the arts, a client is able to conceptualize and duplicate activities that are beneficial. For example, if writing poetry is found to be therapeutic, the client is instructed to use this method and medium when needed (Gladding, 1988). By acting on this suggestion, the client lays out a historical trail over time so that he or she can see, feel, and realize more

fully what has been accomplished through hard work and inspiration. Such a process allows the memories to live again and promotes other achievements.

Insight is another reason for the employment of the arts and artistic methods in counseling. Two types of insight are most likely to result. The first is primarily that of the participants in counseling, that is, the counselor and client. In this type of insight, one or both of these individuals come to see a situation in a different light than when counseling began. For example, the client may see his or her situation as hopeless but not serious, or serious but not hopeless (Watzlawick, 1983). This type of focus makes a difference for it is what people perceive that largely determines their degree of mental health or alienation (Ellis, 1988).

In the second type of insight, professionals gain new sensitivity about how they need to develop. For example, they may recognize "that art often leads to science" and that balance is needed between scientific and artistic endeavors to prevent techniques from becoming mechanical (Seligman, 1985, p. 3).

A final reason for using the arts in counseling centers on *socialization and cooperation*. Johnson and Johnson (1987) compiled an extensive amount of information showing that cooperative tasks result in the building of rapport and the establishment of greater self-esteem and prosocial behavior. The arts are a very useful means to help promote these two developments and have been shown to provide a common ground for linking people to one another in a positive manner (Menninger Foundation, 1986).

Advantages and Limitations of the Arts in Counseling

In addition to the rationales just discussed, there are numerous pragmatic advantages to using the arts in counseling. Several will be mentioned here, along with some limitations.

Advantages

A major advantage of using the arts in counseling involves *playfulness*. Almost all great leaders from Freud to Gandhi had a sense of playfulness about them that helped them temper their reactions to serious moments and gain a clearer perspective on life (Erikson, 1975). As a group, the arts are known for their playfulness. There is a winsome quality about those involved with the arts that enables them to appreciate and create a type of cosmos out of chaos. This lightheartedness in the midst of serious tasks is enabling.

A second benefit from using the arts in counseling is that they promote a *collegial relationship* (Arnheim, 1990). This type of partnership is advocated by many counseling theorists, such as those who are existentialists, person-centered, Adlerian, or Gestalt. In this kind of encounter, professional barriers are broken down, and the clients' and counselors' ability to understand and address present difficulties more clearly is enhanced.

A third advantage of including the arts in counseling is that their use usually promotes *communication* (Arnheim, 1990). Artists from Picasso to Stevie Wonder have talked about the "universal language" of artistic expression and the ability of the arts to convey information in a simple and direct way. Sometimes a picture or a movement is worth a thousand words. By sounding off musically, visually, or dramatically, clients often enable their counselors to bridge backgrounds and understand their predicaments better. Art can help outsiders, such as counselors, look upon something that they have never been a part of

and make them feel as if they had always been a part of it (Christenberry, 1991). As a result, these counselors become more sensitive and effective helpers.

Yet a fourth benefit of incorporating the arts in counseling is that they enable clients to *recognize the multiple nature of themselves and the world.* This task of discovery may seem simple, but just like in the adventures of Carlos Castaneda's (1972) character Don Juan, the complexities of life are not always easily learned or understood. Thus, clients who have been struggling for identity may discover through their immersion in the arts during counseling that the depth and richness of life is much greater than they had initially envisioned.

A fifth advantage of using the arts in counseling is their perceived *objectivity.* They are seen as neutral or even fun, and therefore are not resisted. "The use of the arts . . . is a natural spin-off from the use of displacement material in other areas. Therapists, educators, theologians, and parents have used displacement materials for generations to help people focus on problems that they are too involved in emotionally to see clearly" (Guerin, 1976, p. 480).

A sixth advantage of using the arts in counseling is that these forms of expression allow, and even *encourage, nonverbal clients to participate meaningfully in counseling relationships* (J. White, personal communication, August 1, 1991). People who have been victimized or traumatized may be unable to convey verbally in a coherent way the events they have experienced. However, by using the arts they may express creatively and profoundly what is uppermost on their minds. The arts also encourage concrete thinkers and those of limited mental abilities to expand their horizons.

Finally, the inclusion of the arts in counseling gives the counselor *one more tool to use* in making diagnoses and in promoting understanding or dialogue in the professional relationship. When encountering extremely resistant or reluctant clients, every means should be employed to bring about a mutually satisfactory outcome. The theoretical and technical aspects of the arts in counseling can facilitate such an outcome.

Limitations

The disadvantages of using the arts in counseling must also be recognized for they can cause complications if they are not acknowledged and dealt with properly. Not every counselor or client is a suitable candidate for such a procedure.

One of the chief limitations of using the arts in counseling is that clients who are *artists themselves* may not benefit from such an approach. In fact, according to Fleshman and Fryrear (1981), "for artists, the use of the arts in therapy may be counterproductive" (p. 6). The reason for this phenomenon is that artists support themselves through creative expression, and to be asked to perform in a therapeutic setting may seem too much like work. In such situations, the use of art in counseling becomes an obstacle to therapeutic progress.

A reason related to the first is that many artists who are clients may *view counseling* and activities associated with it *as being nonartistic.* Therefore, they may be less inclined to work on problems if the format for this procedure is not highly structured and primarily cognitive in nature. For these individuals, the arts in counseling may prove distracting and frustrating.

A third reason that the arts are not always welcomed in counseling relates to *popular misperceptions about the arts,* especially about the relationship of the creative arts to mental health. In the 19th century, Cesare Lombroso (1836–1909), an Italian physician and psychiatrist, linked creativity with mental illness. Even though such a connection is totally

unfounded, the perception still remains, and many are reluctant to participate in activities that are of a creative nature, such as the arts.

On the opposite side of this reluctance but with the same results is the tendency of clients to avoid artistic enterprises because of an *irrational fear* that they will become too involved (Ellis, 1988). Such a response is typical of those with loose ego boundaries and with obsessive-compulsive behavior habits, but it is shared by many other people. Some artists, such as Mozart, are reported to have worked at the expense of their health and that of their families. People who have a reluctance toward the use of the arts in counseling fear being placed in a situation that offers potential liabilities as well as possibilities.

A fifth drawback to including the arts into a counselor's repertoire of skills is that the actual *techniques used may become arts and crafts*, which is a much more mechanical and structured activity than procedures used in the *creative arts* (Gladding, 1985). It should be stressed that arts and crafts, as typically practiced in therapeutic settings, have limited goals and are often seen as "busywork." Thus there is little utilization of problem-solving skills and innovative factors in arts and crafts as opposed to the creative arts.

A sixth limitation of using the creative arts in counseling is that by so doing clients may become *too introspective*, passive, or overcritical of themselves or situations. Such a posture leads to paralysis and inhibits the growth that can result from involvement. It is just the opposite of active mental and physical involvement that Siegel (1986) described as an essential part of self-healing.

A seventh drawback to the use of the creative arts in counseling is that they may be *employed in nontherapeutic ways*. Many art forms promote the expression of feelings and help clients get beyond the mere intellectual acknowledgment of situations. However, in helping clients recognize and express their feelings, especially the "big four": (a) anger, (b) sadness, (c) joy, and (d) fear (Meier, 1989), the release of emotions must be therapeutically channeled if individuals are to realize more fully their own humanity (Warren, 1984). Catharsis in and of itself is of limited usefulness and may actually be detrimental to individuals' health and well-being.

A final drawback to using the arts in counseling is that they *may be employed in nonscientific ways*. Both the arts and sciences share four common attributes: "honesty, parsimony, duality, and insight" (Burke, 1989, p. 27). Honesty implies genuineness, authenticity, and openness of one's work. Parsimony is conciseness and a straightforward simplicity. Duality is the ability to be simultaneously sensitive and tough-minded. Finally, insight as alluded to before, deals with the ability to understand old material in a new way. Whenever the arts are used in counseling without adherence to this common bond with science, there is the danger that the results will not be therapeutic.

Summary

Counseling at its best employs an artistic quality that enables individuals to express themselves in a creative and unique manner. It is an activity that may be enhanced through encouraging some clients to participate in creative artistic expression, such as painting, writing, dancing, or playing. These activities, if carried out in a nonmechanical way, help individuals to express their emotions and form new relationships with themselves and others (Frank, 1978). The arts sensitize clients to untapped aspects of themselves and thus facilitate an awareness of uniqueness and universality. Ancient and modern civili-

zations have recognized this quality about the arts in helping, and the tradition of using the arts in counseling is long and distinguished.

The creative arts in counseling are, as a group, process-oriented, empowering, authentic, parsimonious, and insight-focused. They energize individuals and help connect them with positive aspects within and outside of themselves while fostering a new sense of self. By engaging in the playful, cooperative, and communicative dimensions of the arts, individuals recognize more clearly the complexity as well as the simplicity of their lives. Similarly, the arts enable counselors to work with difficult clients in therapeutic ways. Although those who are professional artists, irrationally minded, and mentally unstable may not be appropriate for this type of treatment, many individuals will be excellent candidates, and it is to the advantage of everyone that professional helpers learn how to use the arts in counseling.

References

Allan, J. (1988). *Inscapes of the child's world.* Dallas, TX: Spring.

Allport, G. W. (1955). *Becoming: Basic considerations for a psychology of personality.* New Haven: Yale University Press.

Arieti, S. (1976). *Creativity: The magic synthesis.* New York: Basic Books.

Arnheim, R. (1990). The artist as healer. *Arts in Psychotherapy, 17,* 1–4.

Blatner, A. (1988). *Acting in: Practical application of psychodramatic methods* (2nd ed.). New York: Springer.

Burke, J. F. (1989). *Contemporary approaches to psychotherapy and counseling.* Pacific Grove, CA: Brooks/Cole.

Castaneda, C. (1972). *Journey to Ixtlan: The lessons of Don Juan.* New York: Simon & Schuster.

Cavanagh, M. E. (1982). *The counseling experience.* Pacific Grove, CA: Brooks/Cole.

Christenberry, W. (1991). *Of time and places.* Albuquerque, NM: University of New Mexico Press.

Coughlin, E. K. (1990). Renewed appreciation of connections between body and mind stimulate researchers to harness healing power of the arts. *Chronicle of Higher Education, 36,* A6, 9.

Ellis, A. (1988). *How to stubbornly refuse to make yourself miserable about anything—Yes, anything!* Secaucus, NJ: Lyle Stuart.

Erikson, E. H. (1968). *Identity: Youth and crisis.* New York: Norton.

Erikson, E. H. (1975). *Life history and the historical moment.* New York: Norton.

Flake, C. L. (1988). A systems approach: The foundation of a quality environment. In M. H. Brown (Ed.), *Quality environments for young children.* Champaign, IL: Stipes.

Fleming, W. (1986). *Arts & Ideas* (7th ed.). New York: Holt, Rinehart & Winston.

Fleshman, B., & Fryrear, J. L. (1981). *The arts in therapy.* Chicago: Nelson-Hall.

Frank, J. D. (1978). *Effective ingredients of successful psychotherapy.* New York: Brunner/Mazel.

Gladding, S. T. (1985). Counseling and the creative arts. *Counseling and Human Development, 18,* 1–12.

Gladding, S. T. (1988). Involuntary isolation: A counselor's dilemma. *Journal of Counseling and Development, 67,* 116.

Gladding, S. T. (1990). Journey. *Journal of Humanistic Education and Development, 28,* 142.

Grout, D. J. (1973). *A history of western music* (2nd ed.). New York: Norton.

Guerin, P. J., Jr. (1976). The use of the arts in family therapy: I never sang for my father. In P. J. Guerin, Jr. (Ed.), *Family therapy: Theory and practice* (pp. 480–500). New York: Gardner.

Heller, G. N. (1985, November). *Ideas, initiatives, and implementations: Music therapy in America, 1789–1848.* Paper presented at the 1985 Joint Conference of the National Coalition of Arts Therapy Associations, New York, NY.

Johnson, D. W., & Johnson, F. P. (1987). *Joining together* (3rd ed.). Englewood Cliffs, NJ: Prentice-Hall.
Jourard, S. M., & Landsman, T. (1980). *Healthy personality* (4th ed.). New York: Macmillan.
Jung, C. G. (1933). *Modern man in search of a soul*. New York: Harcourt, Brace & World.
Jung, C. G. (1965). *Man and his symbols*. In C. Jung & M. L. von Franz (Eds.). New York: Dell.
Kottler, J. A. (1986). *On being a therapist*. San Francisco, CA: Jossey-Bass.
Lazarus, A. (1977). *In the mind's eye*. New York: Rawson.
Martz, L. L. (1962). *The poetry of meditation*. New Haven, CT: Yale University Press.
Meier, S. T. (1989). *The elements of counseling*. Pacific Grove, CA: Brooks/Cole.
Menninger Foundation. (1986). *Art therapy: The healing vision*. Topeka, KS: Author.
Moreno, J. L. (1923). Das Stegif Theatre, Berlin: Gustav Kiepenheur. (1947). The Theatre for Spontaneity. *Psychodrama Monographs, 4*. New York: Beacon House.
Peters, J. S. (1987). *Music therapy: An introduction*. Springfield, IL: Charles C Thomas.
Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95–103.
Seligman, L. (1985). The art and science of counseling. *American Mental Health Counselors Association Journal, 7*, 2–3.
Siegel, B. S. (1986). *Love, medicine, and miracles*. New York: Harper & Row.
Warren, B. (1984). Introduction. In B. Warren (Ed.), *Using the creative arts in therapy* (pp. 3–8). Cambridge, MA: Brookline.
Watzlawick, P. (1983). *The situation is hopeless, but not serious*. New York: Norton.

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2

Music and Counseling

The music of counseling varies in time
from the soft sound of crying
to laughter's staccato
Often the melody becomes unbound
in deep feeling voices
and words rich in hope.
Within each session is a symphony
leading to inner harmony
and possible new movements.

(Gladding, 1991)

MUSIC IS A UNIVERSAL, MULTICULTURAL EXPERIENCE that is most simply described as "the appreciation of sound" (Beaulieu, 1987, p. 13). It is a creative act that involves listening sensitively to the cacaphony of rhythm and rhyme that occur spontaneously and purposefully in nature. Civilizations and their people are often defined by the types of music they develop and the part that music plays in transmitting social values and status. Some popular music plays a significant role in creating a sense of cultural identity, for example, among the Yoruba of southwestern Nigeria (Coughlin, 1990).

Music sets up an atmosphere that may be beneficial or harmful (Liebmann, 1986). Many people who have been the victims of abuse, such as African-Americans, have developed distinct musical forms, for example spiritual gospels and "the blues," to provide an outlet for the individual and collective expression of pain (Moreno, 1987). Other groups have created different sounds that express the essence of their experiences and perceptions. In the United States there is a great diversity of sound including rock and roll, bluegrass, jazz, country-and-western, big band, and reggae. "Corporations such as MUZAK have made a business out of supplying background music to influence and regulate people's moods and behaviors in offices, businesses . . ." and other environments positively (Peters, 1987, pp. 31–32). The influence of music in daily life is truly phenomenal. Even though people may not always remember lyrics, they seem to be influenced by "the beat, the rhythm, [and] the sound" of music they listen to regularly (White, 1985, p. 67).

The importance of music to human health has long been recognized. "The field of music therapy is based largely on claims of the sedative results music produces and the psychological impact of the musical experience" (Hanser, 1988, p. 211). Worldwide documentation attests that music has played a major role in the healing and nurturing of people from ancient cultures (Moreno, 1988b). "Homer recommended it to stave off negative emotions, and Pythagoras and Plato said a daily dose could improve one's general well-being" (Miller, 1991). Shamans have used "hypnotic and rhythmic music" to help their patients achieve emotional highs (Moreno, 1987, p. 335)—a tradition that continues today on all continents.

A healthy integration of sacred and secular music in fostering positive outcomes is found in modern times between performers of the "blues" and those who play and sing religious music. Many performers of the blues have made the playing of this music their orientation to life after struggling to perform in the confines of churches. Their satisfaction with this arrangement has proven beneficial to them and their audiences.

Overall, music "allows feelings to be revealed that may not be defined in words" (Yon, 1984, p. 106). In essence, music "is a form of communication analogous to speech in that it has cadences and punctuation" (Aldridge, 1989, p. 93). For example, New Age music, which makes use of "long themes and slow tempi," expresses a sentiment and affect that cannot be translated into a verbal equivalent. Therefore, music has been seen as a therapeutic ally to the verbal approaches to counseling. It links people together and gives them a common denominator with which to relate (Bonny, 1987; Rosenblatt, 1991).

Music and medicine were at one time strong allies because of their similar emphasis on wholeness. Indeed in some countries, such as France, this connection is still strong, and "psychomusical techniques are regarded as excellent and privileged means of exploring dreams and ideas, the conscious and the unconscious, the affective and emotional worlds of the individual, and for provoking catharsis" (Owens, 1986, p. 302). In hospital settings, music may take a person's mind off unpleasant experiences and promote spontaneous

interpersonal interactions. Music is used worldwide to promote positive mental health, especially in psychiatric hospitals. It is "not a lonely art form" according to William L. Schurk, sound-recording archivist at Bowling Green State University (Rosenblatt, 1991, p. B7). It involves vocal, physical, social, and emotional responses.

Premise of the Use of Music in Counseling

Although all the creative arts help foster a link between the inner world of a person and outside reality, music "enhances this process by requiring time-ordered and ability-ordered behavior, evoking affective response and increasing sensory input. Music also requires self-organization and provides an opportunity for socialization . . ." (Wager, 1987, p. 137). Thus music serves multiple purposes in helping individuals become more aware, able, confident, and social.

How effectively music can assist in counseling is related to how deeply involved people are in it. Music is both a passion and a diversion, and its uses in counseling are geared accordingly. For people with whom it is a central part of life (i.e., a passion), self-identity is strongly influenced by their shared values with certain performers, composers, and other listeners. They are usually quite willing to participate in counseling activities that involve music. In this type of situation many of the words, sounds, and feelings that these people embrace as their own originated with someone else, and they are eager to be exposed to musical experiences. Therefore, counselors who use music are usually more successful with these clients than with those for whom music is only a diversion. By being aware of the lyrics and melodies that their clients have adopted and other music that might be complementary, counselors who employ music set up conditions that foster increased communication and understanding (White, 1985).

In addition to centering music in counseling around the musical interests and tastes of clients, counselors may select approaches involving composing, performing, or listening to certain types of sounds. The premise here is that opportunities for therapeutic expression and self-realization can be achieved even when music-related activities are intially unfamiliar to clients. For example, a client may play a new instrument in a prescribed way and make discoveries about his or her abilities never before imagined (Moreno, 1985). Similarly, ethnic music (i.e., music identified with a particular culture or subculture) may motivate "otherwise unresponsive mainstream music therapy clients into musical experiences through the exotic appeal of unfamiliar musical styles and approaches to music making" (Moreno, 1988a, p. 17). Clients who are unfamiliar with classical music may experience a powerful reaction too. When chosen carefully and played softly, classical music "can be a tremendous aid in producing an atmosphere conducive to creative activity" (Nadeau, 1984, p. 68).

A key in deciding on what music activity, if any, to choose is based on the goals of counseling (whether preventive or remedial) and the personalities of all involved. For example, some individuals prefer classics such as Beethoven, Bach, and Brahms, whereas others opt for popular rock, such as the lyrics and melodies of groups known as Poison, Bread, and Foreigner. Still other individuals prefer energetic African-oriented group rhythms performed on drums or traditional Indian and Far Eastern music, which is helpful in stimulating imagery and fostering meditation (Moreno, 1988a).

It is crucial to consider people's needs in music-oriented counseling. For example, trauma victims need calmer types of music than those who are not so physically or psychologically

distressed (McDonnell, 1984). Likewise, aerobic and exercise groups need and prefer rock, pop, and New Age music (Gfeller, 1988). In regard to clients' needs and music, it is helpful to realize that some clients need to be actively involved in making music (e.g., the depressed), whereas others may benefit simply from listening to music (e.g., the anxious or manic).

Finally, the decision about music activities must be based in the genuine sharing and self-disclosure about whether both parties in the counseling process are open to exploring this means of help. If there is sharing and concensus, musical pieces used are likely to produce positive results because an atmosphere of trust and expectation has been created. These qualities, along with counselors' skills and clients' courage to participate, ultimately dictate how powerful the musical experience will be. Music chosen in collaboration with the client has the capacity to calm, relax, and help the client feel secure (Owens, 1986). There is no substitute for personalizing the process.

Practice of the Use of Music in Counseling

The degree to which counselors and clients relate when music is a part of counseling depends on whether music is used *as* therapy or *in* therapy (Bruscia, 1987). When employed *as* therapy, the counselor is likely to take a more active role, whereas *in* therapy the counselor's involvement may vary considerably.

Music Therapy

Music as therapy is usually known as "music therapy" and is formally defined as "a goal-directed process in which the therapist helps the client to improve, maintain, or restore a state of well-being" (Bruscia, 1987, p. 5). As such, this process is goal-directed and carried out under the supervision of specially trained mental health providers. It may take one of many forms, but music therapy basically has five main elements, which, according to Peters (1987, pp. 6–8) are:

a. It is prescribed;
b. It involves the use of music or music activities (e.g., "singing, playing musical instruments, listening to music, composing or creating music, moving to music, or discussing lyrics and characteristics of songs or instrumental composition" p. 6);
c. It is directed or supervised by specially trained personnel;
d. It is received by clients from newborns to geriatrics; and
e. It is focused on achieving definite therapeutic goals (e.g., physical, psychological, or socio-emotional).

In music therapy, clients improve their level of musical functioning while at the same time accomplishing objectives related to new or improved behaviors with motor skills, academics, communications, social interactions, or emotions. The number of musically related activities (e.g., singing, rhythm band, "name that tune") that can be employed to accomplish these goals is extensive (Schulberg, 1981). A main requirement for the music therapist is to be versatile and creative. Therefore, music therapists must be fluent and expressive in the language of music. "Technical musical skills needed by the music therapist include keyboard, guitar, and vocal skills; the ability to arrange, compose, and improvise simple songs and accompaniments; proficiency in playing a variety of melodic

and percussive non-symphonic instruments and conducting skills" (Peters, 1987, p. 12). Overall, music therapists must be specialists in music and human behavior, but must be generalists in their ability to apply this knowledge in various situations (Michel, 1976).

In order to become professional music therapists, individuals graduate from specifically designed college curriculums with a minimum of a bachelor's degree in music therapy (Maranto & Bruscia, 1989). Educational standards are established and approved by two major associations—the National Association for Music Therapy (NAMT), which mandates that a specific percentage of coursework be in certain areas (such as music or general education), and the American Association for Music Therapy (AAMT), which has competency-based standards (such as musical and clinical). Both associations require a specific number of hours in supervised internships and offer association-approved master's-level programs.

Music in Counseling

Counseling that includes music in its overall structure is not nearly as encompassing or direct as music therapy, but it involves some activities such as listening, performing, improvising, and composing that are beneficial for clients. Each activity has a population that profits from its use.

Listening to sounds in a deep and appreciative way is an art. It helps listeners to relax and learn and directs their attention away from life stressors (Crabbs, Crabbs, & Wayman, 1986). Listening also facilitates the process of making music out of life and understanding more fully the rhythm or lyrics of songs. The latter case is sometimes referred to as "audiotherapy" (Lazarus, 1989).

According to Hindu tradition, listening can occur on four levels. "The first is the level of meaning. The second is the level of feeling . . . . The third is an intense and constant awareness or presence, and the fourth is known as the 'soundless sound'" (Beaulieu, 1987, p. 13). Each of these levels is self-explanatory, except for "soundless sound," which is really the rhythmic, punctual moments of silence within a composition of sound that make such a work predictable, safe, and enjoyable (Bonny, 1987).

In addition, listening has the power to call up emotions from the unconscious. Song selection by clients is a kind of "projective technique" that reveals the needs of the unconscious for certain types of stimuli (Brodsky & Niedorf, 1986). By tracking the theme and tempo of music chosen, therapists can ascertain more clearly the emotional level at which clients are operating and thereby plan effective treatment interventions. They can understand more readily, too, what unique musical prescriptions, if any, might work for their clients (Hanser, 1988).

Performing music is a personal experience with a powerful potential. It involves the musician, the instrument, and sometimes an audience. Through performing, individuals use music "as a means of communication, identification, socialization, and expression . . ." (Siegell, 1987, p. 185). They introduce themselves in a way that is impossible to duplicate otherwise. Sometimes the music that is performed is relatively simple, such as becoming "a sound" within a group experience by vocalizing how one feels. At other times, it is elaborate and involves harmonizing many notes from group members in a clear and distinct way.

Music was performed by employees of French mental hospitals as early as the 17th century for the treatment of melancholy. Later in the 19th century music was elevated to an active form as psychiatric patients organized choruses and orchestras (Owens, 1986). In the early part of the 20th century music was considered an "occupational therapy" and

focused on resocialization rather than healing. Nevertheless, throughout the history of musical performance, patients from a variety of sites including mental hospitals and outpatient centers have benefited. In these situations, performing activates people to the realities of self, instruments, time, and others. "The tempo of the song, the tone quality of the singer, and the lyric content all provide indications of the feelings being expressed" (Goldstein, 1990, p. 120).

Improvising with music is best represented by American jazz. In improvising, musicians follow a plan to be playful as well as artful in their work with others. In a jazz band, for example, there are at least two parts: a "rhythm section" and a "front line." "The rhythm section lays down the beat of the music. The front line instruments are responsible for the melodic lines and their interplay" (Barker, 1985, p. 132).

Counselors can ask clients who are musically inclined to improvise variations on a musical theme. In these cases and in others where clients understand musical improvisation, individuals can play behaviorally with their instruments and alter melodies by varying them (i.e., making them faster, slower, or more pronounced). The results of such transactions can then be discussed, or in some cases left alone. In the latter situation, the process of creating and developing a relationship is seen as therapeutic in and of itself (Nordoff & Robbins, 1977).

Composing music is a creative act that puts composers in closer touch with their feelings. "It can be used as a way of promoting many of the healing qualities inherent in creative acts" (Schmidt, 1983, p. 4). It is empowering because it gives the composer an opportunity to arrange notes in a way that is unique and personal. Composing can be self-enhancing, too, in that it requires perseverance and discipline that become part of a person's self-concept after the task is completed.

A music group of the 1960s, the Mamas and the Papas, had a popular record titled "You've Got to Make Your Own Kind of Music," which stressed individualization in concert with humanity. It is this emphasis that composition promotes and a major reason why it is popular with counselors who use music in treatment. In actual practice, counselors request musically inclined clients to compose a piece of music through which they can represent themselves. At the next session clients literally make music first and then talk about the experiences of composing and performing afterwards. In some cases, musically inclined counselors may play music to represent themselves to clients and universalize their experience of working with them.

Music in Counseling With Specific Populations

Children

Children, especially preschoolers and those in the elementary school grades, seem to love music and spontaneously sing, listen, or play music-like instruments such as those found in "rhythm bands." Counselors can use the natural affinity of children for music to promote fun, learning, good feelings, and bonding among children from diverse backgrounds (Crabbs, Crabbs, & Wayman, 1986).

Music is often a primary ingredient in teaching guidance lessons too. Guidance lessons focus on helping individuals make choices and gain a stronger sense of identity, as opposed to counseling, which usually involves making changes. One technique that works is the use of music to express feelings (Gerler, 1982). In this approach, a counselor and music

teacher work together to devise a game where children are "teamed in groups of four and instructed to create musical ways to express feelings" without words or lyrics (p. 63). In the case of fourth graders who carried out this task, one feeling was assigned each group and group members were directed to devise two or three musical ways to express this emotion. Responses ranged from forming a "hum and sniffle quartet" to represent sadness to using two pianos to have an angry musical conversation.

A second way music can be used in guidance is through singing (Bowman, 1987; Harper, 1985). Children find singing fun and often remember main ideas of lessons by incorporating them into songs (Crabbs, Crabbs, & Wayman, 1986). When music is used in guidance classes the following procedure should be followed:

- Introduce the words of a song as a poem;
- Chant the words in rhythm;
- Practice chanting words for 3 or 4 minutes a class period until there is memorization;
- After students know and understand the words, play the song (prerecorded music is fine to use); and
- Keep a double-spaced copy of the words before the children when they sing, with the verses separated from the refrain.

Besides being used for preventive guidance, music is employed with children in therapy. For example, when children become socially withdrawn or, in extreme cases schizophrenic, music activities (under the direction of a music therapist) can become especially powerful in their lives. One way of breaking through children's "shells of isolation" in this way is through initially using familar sounds, such as internal body sounds or neighborhood auditory sounds with which such children are well acquainted (Baker, 1982). Once rapport is established in this manner, rhythmic activities and rhythm instruments, such as sticks and tambourines, can be used to engage these children and gradually draw them into social relationships with other people again.

Adolescents

Music is popular with teenagers. Many adolescents either play in a band or identify with major musical figures. Some adolescents find music inspirational because it evokes "images of movies such as 'Rocky' or 'Fame,' in which movie characters triumphed over adversities" (Gfeller, 1988, p. 41). The fact that the audience for the televison channel MTV is largely under 30 years of age (or even that there is such a channel) is further evidence of the importance of music in the lives of this age group.

For young adolescents, "music therapy is helpful in bridging the gap between nonverbal and talking therapy. It aids in mastery and sublimation of thoughts and feelings and it helps to facilitate ego development through success-oriented experiences" (Wells, 1988, p. 47). Older adolescents find that participating in music therapy activities gives them a firsthand experience in the relationship between effort made and skill achieved in music performance. Adolescents in juvenile delinquency programs benefit from music therapy activities because they become increasingly aware during the process of the connectedness between hard work and achievement (Johnson, 1981). They may also realize that playing a socially desirable musical instrument such as the piano or guitar increases their acceptance among peers (Cassity, 1981).

In addition, adolescents are often interested in songwriting and may wish to express themselves lyrically (Roscoe, Krug, & Schmidt, 1985). Music therapists can use many

songwriting techniques with adolescents as a preventive and therapeutic process, "including changing the words to familiar songs, filling in the blanks of edited familiar songs, vocal improvisation, adding new verses to known songs, parodying familiar songs, and using natural rhythms of speech as a starting point" (Goldstein, 1990, p. 119).

Adults

Research suggests that, besides offering adults sounds to relax by, music is an enhancer of physical endurance, especially if "movement is rhythmically coordinated with a musical stimulus" (Thaut, 1988, p. 129). Therefore, adults who are athletes or who exercise regularly can enhance their efforts by coordinating their physical movement with certain sounds. The reason for the positive effect of music is that it either distracts people's perceptions by causing them to focus selectively on pleasant stimuli, or it physically inhibits negative feedback transmissions (i.e., fatigue) because of the pleasurable electrosensory reactions it generates. Regardless, music is a prime ingredient that helps people either to maintain their physical and mental health or to rehabilitate themselves.

Music also enhances key experiences for adults. Prepared childbirth is often linked with relaxing and soothing music that makes delivery, recovery, and bonding stronger. The type of exhilaration that results improves intrapersonal and interpersonal relationships. It promotes growth to the fullest (Maslow, 1968). Other marker events in the lives of adults are equally enhanced through music. As Virginia Perry (personal communication, July 19, 1991) wrote about a workshop she attended where each session was introduced by music: "He sings, and I forget myself. We move, one through another, vibrating the resonances of soul. These connected hearts and voices remain beyond time and place."

The Elderly

Playing or making music with the elderly has several goals, such as promoting social interaction, enhancing self-worth, facilitating self-expression, and recalling past events (Bruscia, 1987; Osborn, 1989). Ways of conducting sessions vary, but they may be carried out in a formal or in an improvisatory manner. In formal sessions, group members follow a schedule and their personal or interpersonal gains may become secondary to the achievements of the group as a whole. If the sessions, on the other hand, are conducted less formally, more creativity and interaction may occur, but music may be used less.

In reminiscing or in present-oriented self/social groups, music may be the key to encouraging the discussion of past or present feelings and thoughts about events, such as learning, romance, loss, and family life. Typically, music is played that revolves around a particular theme, but only after the group as a whole has warmed up by participating in a brief sing-along of familiar songs that include their own accompaniment of clapping and foot-tapping sounds.

In a maximum participation group, members select their own music and theme. In less democratic groups, leaders make much of the selection with particular foci in mind. Songs as current as Barbra Streisand's "The Way We Were" to early American ballads like "My Old Kentucky Home" are used to set a tone and a mood that encourages talk and interaction after the singing has stopped.

Music may also be used with the elderly to help them achieve better motor functioning. Rhythmic music, for example, acts as a stimulus for helping elderly patients with gait

disorders improve the flow of their movement (Staum, 1983). In this process, the beat of the music serves as a cue for individuals in anticipating a desired rate of movement.

Families/Couples

Music by itself may be beneficial to families or couples because of its ability to evoke feelings and promote cooperation. Feelings are often rekindled by the playing of music associated with earlier developmental stages (Gladding & Heape, 1987). If a family or couple has experienced contentment or positive affect at a previous stage, the music of that time may ignite memories that help individuals within these systems to remember specific behaviors that were helpful in achieving harmony. Such memories, once triggered, can serve to free the family or couple from behavioral stalemates and to reinforce each other positively.

Music may help families and couples also if they themselves create it. In such an exercise, persons within these units make up sounds or play instruments to represent themselves as individuals. Then they combine the sounds and either try to establish a rhythm, or work at interjecting their sound so that the entire group feels good about the beat. In such a situation, cooperation is vital, and those who are so engaged may translate this facilitative climate to other relationships.

Illness

Music functions in several therapeutic ways in regard to the ill. One specific service it performs is in promoting closeness within families through group singing, lyric analysis, and reminiscences (Gilbert, 1977; Miller, 1991). This type of bonding enhances the quality of life for family members both inside and outside of the hospital and helps them establish better communication patterns and firmer support systems (Fagan, 1982). During this process anxiety and tension are lessened and intimacy is promoted (Bailey, 1984; Slivka & Magill, 1986). Religious faith may be increased, too, through the playing and singing of religious music if the family is so inclined.

"Music has the capacity to touch and bring to the surface emotions that have been repressed for years" (Rider, 1987, p. 117). Some chronic diseases, such as cancer, rheumatoid arthritis, and coronary difficulties correlate with negative feelings such as anxiety, hostility, and depression. Thus music can facilitate healing by promoting catharsis and a refocusing of thoughts.

Teaching

Music can be used to punctuate and emphasize points in the teaching of a variety of material. For instance, in a course on abnormal psychology or in a mental health center, song lyrics may highlight important concepts and provide concrete examples (Potkay, 1974; Schiff & Frances, 1974). One thinks for example of Don McLean's song "Starry, Starry Nights" about the life of Vincent van Gogh and how the melody and words of this work depict the difficulty of mental instability. In a similar fashion, the lyrics of Janis Ian's "At Seventeen" portray some of the transitions adolescents experience in forming their identities and establishing relationships with the opposite sex.

Music in Counseling With Other Creative Arts

In counseling, music is most often connected with the creative arts of poetry and movement/dance. Poetic lyrics add to the rhythm message of music, although their impact varies (White, 1985). For example, adolescents are often influenced detrimentally by the lyrics of rock songs that are sexually explicit or exploitive in nature (Ray, Soares, & Tolchinsky, 1988). Such has been the case with some of the recordings of "Two Live Crew." However, lyrics and music may be combined in a prosocial way in songs by popular rock music artists like Whitney Houston in "The Greatest Love of All," Don Henley in the "Heart of the Matter," or Bette Midler in "From a Distance." Likewise, country performers such as Matraca Berg and Clint Black sing about growth through pain and convey a positive view of change in such songs as "I Must Have Been Crazy" and "Walkin' Away," respectively. These works sensitize individuals to words that promote the best within and between people and they provide "a nonthreatening device to stimulate . . . interaction" (Mazza, 1986, p. 297). It is important that counselors who use lyrical music listen carefully to the words and the melody of songs before advocating that clients try using the recordings therapeutically.

When music and lyrics are packaged together, the way they are expected to be handled therapeutically should be made clear. For example, an inspirational tape, such as Nancy Day's (1989) "Survivor," which focuses on surviving and recovering from sexual abuse, may be one that counselors want clients to hear at specific times of the day when they are likely to feel discouraged or depressed. By "prescribing" music in this manner, chances are increased that clients will be influenced therapeutically. It is also important to consider developmental stages of individuals and families, along with gender, ethnicity, age, and roles, in the process (Gladding & Heape, 1987). Some music and lyrics are more appropriate than others for certain populations at specific times in their lives.

Movement/dance and music complement each other. The action involved in movement to music, whether a formal dance or not, allows clients the freedom to express themselves in a way not possible in silence. The awareness that follows is often revealing as individuals realize they are exerting themselves in ways they would never have imagined. It is the beat of the music that makes such expression possible, and once clients have acted in certain ways or danced in a set pattern, their self-awareness is never the same again.

In addition to the above combinations, music is used in play and in art. One of the more integrative ways of fusing music and play is music play therapy (Moreno, 1985). In this approach, a nondirective orientation is taken, just as in play therapy, but the playroom is supplied with musical instruments instead of toys and traditional play therapy materials. Children with whom this approach is tried gradually become tired of playing instruments randomly and commit themselves to playing a tune either by themselves or with the counselor. In so doing, a structure is established to which these children become committed. This active setup can be manipulated for the overall benefit of the children.

Another way music and play may be combined is through "improvised musical play (IMP), an intervention technique using improvised music and lyrics to facilitate social play between developmentally delayed and nondelayed children in mainstream settings" (Gunsberg, 1988). In such a situation, teachers will make up simple songs using familiar tunes that describe what is occurring with the children, such as "Everyone is clapping their hands and being active." This type of procedure encourages continuous interaction of the children and sustains "social play episodes lasting more than three times the expected duration" (Gunsberg, p. 178).

A final way of using music with other creative arts is to accomplish what is normally a literary task in sound, such as an autobiography (Watkins, 1990). This type of exercise can produce some interesting and unusual results, such as someone who has lived by a lake splashing a hand in water in a certain rhythm, or someone who has lived in an arid region clapping rocks together in a specific way. Completing a task like this may involve connecting bits of music from a period of time together, too. The effect is particularly powerful if there are verses and a refrain similar to what the rock singer Billy Joel did with his song "We Didn't Start the Fire."

Summary

Music has had a long history as a healing art. Throughout human history, music has soothed or inspired. It has been a major impetus in the prevention and treatment of major disorders and minor problems. It has allowed people to communicate in a universal, nonverbal way that has promoted identity, bonding, creativity, and discovery.

In this chapter the multiple ways music is employed in counseling have been examined. There are professionals who are "music therapists," and there are counselors who utilize music in their therapeutic practice. The background and the emphasis of these two types of professionals differ. Music therapists place a greater emphasis on certain procedures with specific difficulties and populations. Individuals who obtain this designation are more skilled in music than counselors who occasionally use music therapeutically. Regardless, four ways that music may be employed in counseling are through listening, performing, improvising, and composing.

Because music is so universal, it is appropriate to use it with children, adolescents, adults, the aged, the ill, and in learning. The various ways this medium can be employed are limited only by the creativity and skills of practitioners. Music is often combined with poetry and with movement/dance to enhance its overall impact. In summary, music is a universal and versatile art that is of major importance to counselors who wish to promote catharsis, creativity, and communication in a variety of clients and situations.

Exercises

1. On a daily basis, for at least a week, at specific times of the day, notice how you are feeling. With materials that are immediately available, such as pencils, pans, or books, "make music" by tapping, banging, or even humming in a way that best represents your mood. Record your sessions whenever possible and process these experiences with a colleague regularly. How could you use what you learned in this exercise with clients?

2. At the beginning of a group ask participants to bring in records, CDs, or tapes that express some of their feelings. Emphasize to the group as a whole that there is no right or wrong music for this task. As group members introduce themselves, have them use the music they brought in any way they choose. After introductions discuss the variety of sounds and words within the group and what diversity, as well as similarity, can contribute to growth.

3. Ask clients who primarily relate in a nonverbal manner to listen to a variety of music you have selected (from as many different sources as possible). Have them respond as they wish, such as by drawing or dancing. Limit this exercise to about 15 minutes and then process what happened with these clients during the rest of the counseling session. Repeat the exercise as needed in order to help clients become more comfortable in expressing themselves in multiple ways.

References

Aldridge, D. (1989). A phenomenological comparison of the organization of music and the self. *Arts in Psychotherapy, 16*, 91–97.

Baker, S. B. (1982). The use of music with autistic children. *Journal of Psychosocial Nursing and Mental Health Services, 20*, 31–34.

Bailey, L. M. (1984). The use of songs in music therapy with cancer patients and their family. *Music Therapy, 4*, 5–17.

Barker, P. (1985). *Using metaphors in psychotherapy*. New York: Brunner/Mazel.

Beaulieu, J. (1987). *Music and sound in the healing arts: An energy approach*. New York: Station Hill Press.

Bonny, H. L. (1987). Music: The language of immediacy. *Arts in Psychotherapy, 14*, 255–261.

Bowman, R. P. (1987). Approaches for counseling children through music. *Elementary School Guidance & Counseling, 21*, 284–291.

Brodsky, W., & Niedorf, H. (1986). "Songs from the heart": New paths to greater maturity. *Arts in Psychotherapy, 13*, 333–341.

Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, IL: Charles C Thomas.

Cassity, M. (1981). The influence of a socially valued skill on peer acceptance in a music therapy group. *Journal of Music Therapy, 18*, 148–154.

Coughlin, E. K. (1990, December 5). Yoruba music. *Chronicle of Higher Education, 37*, A10.

Crabbs, M. A., Crabbs, S. K., & Wayman, J. (1986). Making the most of music: An interview with Joe Wayman. *Elementary School Guidance & Counseling, 20*, 240–245.

Day, N. (1989). *Survivor*. Pittsburg, PA: Author.

Fagan, T. S. (1982). Music therapy in the treatment of anxiety and fear in terminal pediatric patients. *Music Therapy, 2*, 13–23.

Gerler, E. R., Jr. (1982). *Counseling the young learner*. Englewood Cliffs, NJ: Prentice-Hall.

Gfeller, K. (1988). Musical components and styles preferred by young adults for aerobic fitness activities. *Journal of Music Therapy, 25*, 28–43.

Gilbert, J. P. (1977). Music therapy perspectives on death and dying. *Journal of Music Therapy, 14*, 165–171.

Gladding, S. T. (1991). *Harmony*. Unpublished manuscript.

Gladding, S. T., & Heape, S. E. (1987). Popular music as a poetic metaphor in family therapy. *American Journal of Social Psychiatry, 7*, 109–111.

Goldstein, S. L. (1990). A songwriting assessment for hopelessness in depressed adolescents: A review of the literature and a pilot study. *Arts in Psychotherapy, 17*, 117–124.

Gunsberg, A. (1988). Improvised musical play: A strategy for fostering social play between developmentally delayed and nondelayed preschool children. *Journal of Music Therapy, 25*, 178–191.

Hanser, S. B. (1988). Controversy in music listening/stress reduction research. *Arts in Psychotherapy, 15*, 211–217.

Harper, B. L. (1985). Say it, review it, enhance it with a song. *Elementary School Guidance & Counseling, 19*, 218–221.

Johnson, E. (1981). The role of objective and concrete feedback in self-concept treatment of juvenile delinquents in music therapy. *Journal of Music Therapy, 18*, 137–147.

Lazarus, A. A. (1989). Multimodal therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (4th ed.) (pp. 502–544). Itasca, IL: Peacock.

Liebmann, M. (1986). *Art therapy for groups*. Cambridge, MA: Brookline.

Maranto, C. D., & Bruscia, K. (1989). The status of music therapy education and training. *Arts in Psychotherapy, 16*, 15–19.

Maslow, A. H. (1968). *Toward a psychology of being* (2nd ed.). New York: Van Nostrand Reinhold.

Mazza, N. (1986). Poetry and popular music in social work education: The liberal arts perspective. *Arts in Psychotherapy, 13*, 293–299.

McDonnell, L. (1984). Music therapy with trauma patients in a pediatric service. *Music Therapy, 4*, 55–63.

Michel, D. E. (1976). *Music therapy: An introduction to therapy and special education through music*. Springfield, IL: Charles C Thomas.

Miller, M. E. (1991, July 16). A dose of sound to ease cancer's pain. *News & Observer*, Raleigh, NC, 1E, 6E.

Moreno, J. J. (1985). Music play therapy: An integrated approach. *Arts in Psychotherapy, 12*, 17–23.

Moreno, J. J. (1987). The therapeutic role of the blues singer and considerations for the clinical applications of the blues form. *Arts in Psychotherapy, 14*, 333–340.

Moreno, J. J. (1988a). Multicultural music therapy: The world music connection. *Journal of Music Therapy, 25*, 17–27.

Moreno, J. J. (1988b). The music therapist: Creative arts therapist and contemporary shaman. *Arts in Psychotherapy, 15*, 271–280.

Nadeau, R. (1984). Using the visual arts to expand personal creativity. In B. Warren (Ed.), *Using the creative arts in therapy* (pp. 61–86). Cambridge, MA: Brookline.

Nordoff, P., & Robbins, C. (1977). *Creative music therapy*. New York: John Day.

Osborn, C. (1989). Reminiscence: When the past eases the present. *Journal of Gerontological Nursing, 15*, 6–12.

Owens, G. (1986). Music therapy in France. *Arts in Psychotherapy, 13*, 301–305.

Peters, J. S. (1987). *Music therapy: An introduction*. Springfield, IL: Charles C Thomas.

Potkay, C. R. (1974). Teaching abnormal psychology concepts using popular song lyrics. *Teaching of Psychology, 9*, 233–234.

Ray, L., Soares, E. J., & Tolchinsky, B. (1988). Explicit lyrics: A content analysis of top 100 songs from the 50's to the 80's. *Speech Communication Annual, 2*, 43–56.

Rider, M. S. (1987). Treating chronic disease and pain with music-mediated imagery. *Arts in Psychotherapy, 14*, 113–120.

Roscoe, B., Krug, K., & Schmidt, J. (1985). Written form of self-expression utilized by adolescents. *Adolescence, 20*, 841–844.

Rosenblatt, J. (1991, February 6). From rock 'n roll to zydeco: Eclectic archives of popular music at Bowling Green State University. *Chronicle of Higher Education, 37*, B6–B7.

Schiff, M., & Frances, A. (1974). Popular music: A training catalyst. *Journal of Music Therapy, 11*, 33–40.

Schmidt, J. A. (1983). Songwriting as a therapeutic procedure. *Music Therapy Perspectives*. Washington, DC: National Association for Music Therapy, Inc.

Schulberg, C. (1981). *Music therapy source book*. New York: Human Sciences Press.

Siegell, M. (1987). Book review: Music and trance: A theory of the relations between music and possession, by Gilbert Rouget. *Arts in Psychotherapy, 14*, 183–185.

Slivka, H. H., & Magill, L. (1986). The conjoint use of social work and music therapy in working with children of cancer patients. *Music Therapy, 6*, 30–40.

Staum, M. (1983). Music and rhythmic stimuli in the rehabilitation of gait disorders. *Journal of Music Therapy, 20*, 69–87.

Thaut, M. H. (1988). Rhythmic intervention techniques in music therapy with gross motor dysfunctions. *Arts in Psychotherapy, 15*, 127–137.

Wager, K. M. (1987). Prevention programming in mental health: An issue for consideration by music and drama therapists. *Arts in Psychotherapy, 14*, 135–141.

Watkins, B. T. (1990, September 19). In non-traditional, interdisciplinary study at Columbia College, artists get a chance to broaden their horizons, hone creativity. *Chronicle of Higher Education, 37*, A17, A20.

Wells, N. F. (1988). An individual music therapy assessment procedure for emotionally disturbed young adolescents. *Arts in Psychotherapy, 15*, 47–54.

White, A. (1985). Meaning and effects of listening to popular music: Implications for counseling. *Journal of Counseling and Development, 64*, 65–69.

Yon, R. K. (1984). Expanding human potential through music. In B. Warren (Ed.), *Using the creative arts in therapy* (pp. 106–130). Cambridge, MA: Brookline.

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3

Dance and Movement in Counseling

Dance Street began before I was born
and I don't know where it will end
Could be it will trail on forever
perhaps it shall suddenly stop.
The street began in downtown Richmond
made of bricks, entitled "Dance,"
for a man who bore the burden
of fighting for a dream and beliefs.
When war ended
he built again
cared for the "cause" but more its people,
Moving with courage in the midst of strife
he left an ancestral legacy
for the dance of life.

(Gladding, 1967/1991)

DANCE AND MOVEMENT are important dimensions of life. Classic ballet (e.g., Swan Lake), modern dance groups (e.g., Harlem Dance Company), Broadway productions (e.g., "A Chorus Line") and specific recording artists (e.g., Michael Jackson) often give us pleasure through their grace, motion, and breathtaking performances. In a similar manner, most people are often "moved" by different stimuli to take action on their own behalf or that of someone else. From ancient communities to modern time, people have recognized and revered the nature of movement in the healing and helping process.

Indeed, living "is movement, from the motion of the tides to the life cycle of the human being. The way we move broadcasts our relationship to life. It is the bridge between what goes on inside and what we show the world" (Hendricks, 1982, p. 165). Yet, despite the importance society places on dance and movement, these two action-oriented artistic forms are often neglected aspects of counseling.

It is ironic that such is the case, for "healers were movers until the age of the mind-body dichotomy, and ancient communities recognized and honored the healing power of movement" (Hendricks, 1982, p. 165). In many ancient cultures dancing was considered as important as eating and sleeping and was directly associated with healing (Levy, 1988). Indeed, "dance was one of the [primary] ways in which people experienced their participation in a community" (Stark & Lohn, 1989, p. 107).

It is interesting that the language of counseling is filled with dance and movement words and phrases such as: "being out of step" with others; "headed in the right/wrong direction;" "leaning" toward a point of view; acting as together as "poetry in motion;" and "tap-dancing around the issues" (Carkhuff, 1983). In addition, numerous counselors have backgrounds in and currently participate in dynamic endeavors that require coordinated ability in movement such as gymnastics, swimming, aerobics, dance, and jogging.

Perhaps the reason that counseling sessions are often sedentary in nature is that a sit-and-talk model of helping is more conservative, expected, and easy to implement. This staid model of reflecting and talking has dominated traditional counseling theory and practice in the 20th century (Gladding, 1992). Thus, counselor education usually does not expose practitioners to dance and movement in the therapeutic process, and therefore they often fail to make the most of the individual and collective abilities of their clients (Kottler, 1986).

Premise of the Use of Dance and Movement in Counseling

The use of dance and movement in counseling is premised on several theoretical assumptions. The first is the implicit belief of psychoanalysis that the initial awareness of self is the body (Freud, 1923), and that body movement (as a representative aspect of the unconscious) may inform the conscious mind of feelings and repressed influences that affect a person's life (Feder & Feder, 1981). "Movement conveys truth" and "is the direct printout from the unconscious" (Hendricks, 1982, p. 166). In this tradition, dance and movement promote awareness and further "the physical and psychic integration" of individuals (Krueger & Schofield, 1986, p. 327). They help clients heal their disjointedness and alienation.

A second premise of using dance and movement in counseling is that bodywork benefits clients psychologically as well as physically. The forms of bodywork include "various forms of massage, rolfing, bioenergetics, yoga, Tragerwork, Lomi bodywork, and acupressure. They are all designed to help people dissolve psychophysical blocks in the body. Some are more physical in nature (massage), and others focus more on psychological blocks (bioenergetics). Direct manipulation of the body often triggers memories of old traumas and injuries or can produce a flood of feelings" (Weinhold, 1987, p. 7). By working one's body through dance and movement, avenues of awareness are opened up that previously were closed. Bodywork seeks to help people be more integrative (Brownell, 1981). It is especially effective with people who are closed to talking about their feelings.

A third rationale for dance and movement in counseling is based on Gestalt therapy, which has recognized the potency of movement for many years. Fritz Perls and others involved in the formulation of Gestalt therapy stressed that body movement is a primary method of experiencing feelings and promoting psychological growth (Meier, 1989; Perls, Hefferline, & Goodman, 1951). It was Perls who probably overstated his case when he said: "Lose your mind and come to your senses." Nevertheless, this adage has value in reminding clients that it is through expressing all aspects of themselves that they will make progress in working on issues. In movement and dance, the options of choice and change become clearer.

Finally, the use of movement and dance in counseling is founded on social psychology and the interpersonal theory of Harry Stack Sullivan, which emphasize that the forming of personality occurs in relationship to others. The basis of movement and dance is to "establish or reestablish a sense of relatedness to self and to others" (Stark & Lohn, 1989, p. 107). In rhythmic movement there is a "heightened sense of oneself (a flow of energy, a feeling of aliveness, and sense of well being), [which facilitates] bonding and empathic response in the body with others" (p. 107). Thus movement and dance are related arts that unite people with themselves and others.

Practice of the Use of Dance and Movement in Counseling

Dance and movement are expressed in many forms, and their impact is multidimensional. In their purest form dance and movement are initially expressed in physical movement. Indeed, the body is seen as the manifestation of personality, and any spontaneous movement is viewed as an expression of personality (Bunney, 1979). The therapeutic emphases of dance and movement, however, are not only physical. Rather, dance and movement therapy have three main goals: physical, psychological, and social (Fleshman & Fryrear, 1981). "Physical goals may include releasing physical tension through activities and broadening one's movement repertoire. Psychological goals might be to channel one's self-expression in a meaningful way and to help a client adjust to reality. Social goals may be to get a client to join a group interaction and to develop social relationships with others" (Gladding, 1985, p. 10).

The extent to which the goals of dance and movement are highlighted and how depends on the education and skill of counselors. Some professionals are taught specific ways to utilize dance and movement therapy, whereas others employ this emphasis in selected sessions and in limited ways. Different aspects of each tradition will be examined before exploring populations that can benefit from movement and dance.

Dance and Movement Therapy

Dance and movement therapies are specialty areas with common connections. Marian Chase at St. Elizabeth's Hospital in Washington, DC, is considered to be the founder of modern dance and movement therapies. She started her work in the early 1940s. Together, dance and movement therapists acknowledge "the intrinsic life forces in all people, the healing power of shared rhythms and expressed feelings" (Hendricks, 1982, p. 166). Yet despite sharing many common features, professionals in the fields of dance and movement therapy maintain many distinctions, and therapists in each specialty emphasize different ways of working.

Dance Therapy

Dance therapy is the use of dance and movement as psychotherapeutic (healing) tools (Levy, 1988). Professionals who specialize in this area (i.e., dance and movement therapists) have met educational and performance standards as set up by the American Dance Therapy Association (ADTA). Dance therapists use the term *dance* to stress the "expressive movement and the integrating aspects of the rhythmic use of body movement" (Duggan, 1981, p. 229). Thus, dance therapy connotes the artistic nature of performance through movement and the use of music to promote rhythm and fluidity in that process. "Through dance one becomes more fully alive—physically, emotionally, intellectually, and spiritually. It opens a path toward one's higher self—a way to transcend the mundane" (Fisher, 1989, p. 15). Music therapy is closely associated with dance therapy.

Movement Therapy

In movement therapy less emphasis is placed on performance and outside stimuli and more on the inner senses of clients. In this approach people are trusted to act as they feel, and they are encouraged in various ways to become more connected with their inner selves (Jacobs, Harvill, & Masson, 1988). Thus, the action in movement therapy is usually spontaneous, unrehearsed, and relatively brief. "The process of the mover (how the mover moves) is the focus of movement therapy" (Hendricks, 1982, p. 167). Drama and enactment techniques are closely allied with movement therapy.

Dance and Movement in Counseling

As previously noted, not many basic rationales of traditional counseling theories emphasize dance or movement as primary ways of clarifying or resolving problems. However, some approaches concentrate on using these modalities separately or together as a part of their overall process.

One is Gestalt therapy, which has two primary foci centered on movement. One is simply "body language" where the counselor and eventually the client concentrate on what different parts of the body are doing in conjunction with a client's verbalizations. Thus, a client may state that he or she is calm and relaxed while simultaneously making a kicking motion. The incongruence of these messages is pointed out, and the client is confronted with the inconsistency of verbal and nonverbal signals (Gladding, 1991). In this process clients are encouraged to examine and to "own" feelings and behaviors more directly.

A second focus of Gestalt therapy is the movement encouraged in the technique of "becoming a dream," in which clients enact a dream event. In this process each part of a dream (e.g., people, event, and mood) are considered to be projections of the often contradictory parts of the self (Perls, 1969). Therefore, dreamers are asked to become each part of their dream and to invent dialogue and interactions between the various components regardless of how absurd such a process may seem. In this way, acting out the dream becomes possible and opposites sides expressed become clearer. Through this type of dreamwork the dream becomes the "royal road to integration" (Perls, 1969, p. 66).

In addition to the emphasis on movement in Gestalt therapy, social learning theory and family therapy focus on what many within these approaches call the "dance": regular rhythmic interactions that enhance a person's overall functioning. The idea of dance from these perspectives is on social skills and competencies. Thus, selective dances are shaped and reinforced using the plethora of techniques derived from these traditions. The way individuals and family members generally relate to significant others in their lives determines how rigid or spontaneous their lives will be (Napier & Whitaker, 1978).

Among atheoretical approaches, there are a number of effective generic movement and dance experiences. Many of these approaches are associated with groups. For example, a movement activity that gets group members to interact is known as "home spot," where individuals are asked to join hands, pick out a spot in the room in which they wish to try to maneuver the group, and then to begin to move the group toward their spot when so instructed (Jacobs et al., 1988). The ongoing group dynamics are the primary focus of the exercise, and it is ended after the group has struggled with the issues of power and persuasion over a 2 to 5 minute interval.

In sum, movement and dance are practiced actively as part of counseling because:

- they get people moving around and keep them from becoming fatigued from sitting too long in one spot;
- they provide a change in format and an opportunity to renew interest and energize;
- they give individuals "a chance to experience something rather than simply discuss it;"
- they help participants remember what they experience more vividly than words alone; and
- they involve all people in a counseling experience or the total person, that is the client, in a way not possible otherwise (Jacobs et al., 1988, p. 172)

Dance and Movement in Counseling With Specific Populations

Professional dance/movement therapists (and those who use these modalities in counseling) "work with all ages and populations—in psychiatric hospitals, prisons, geriatric residence programs, adolescent halfway house settings, special education programs, and private practice" (Hendricks, 1982, p. 166). A representative sampling of the settings and techniques employed is presented in the material that follows, with the understanding that new modalities of utilizing movement and dance are constantly being created and implemented, and that those who prefer these art-based ways of working with clients will be innovative in their endeavors.

Children

A primary characteristic of many children is abundant energy, therefore, they often accept the use of dance and movement with enthusiasm. The idea behind movement activities with children focuses on their self-awareness and awareness of others. Several types of movement exercises promote these concepts concretely (Chiefetz, 1977).

Walking. In this activity children walk in a circle at their normal pace and cadence. After they have a feel for how they walk, they are asked to walk faster than usual and then to walk in slow motion. Walking is then linked to feelings, so that children are asked to walk as if they were tired, happy, sad, and so forth. After this experience children are instructed to act as if they were walking on, through, or in different terrains including a desert, a mountain, mud, ice, water, and even silly substances such as peanut butter, whipped cream, yogurt, and corn flakes. After the walk is completed (usually through pretending to walk through a grassy meadow), children and their leaders talk about what the experiences were like.

Locomotion. The idea of this exercise is to have children see how many different movements they can make to get from one place to another, such as jumping, running, or skipping. They can then combine movements and even do the same movements with a partner. Afterwards, the feelings involved with these movements are processed.

Robot. In "robot" children pretend they can move or talk only like a robot does. Thus, they become stiff-limbed and speak in a monotone. Halfway into the exercise they become human again. After the exercise they work with their facilitators and talk about the robot-to-human experience.

Movement and dance, in addition to benefiting physically functional children, can have a therapeutic effect on children who are born with disabilities. One of the most dramatic examples of this impact is the effect of movement on children who are born blind. In such cases, "the dance/movement therapist's highly developed communicative mode emphasizes sound, rhythm, and touch and helps the blind child find pleasure and safety in the natural expression of moving together" (Kalish-Weiss, 1988, p. 108). Such experiences, which must be tailored to each child, are truly the essence of art.

The positive outcome of dance therapy treatment is illustrated in the case of a 12-year-old girl with motor abnormalities, mild mental retardation, and emotional problems (Lasseter, Privette, Brown, & Duer, 1989). The result of 1-hour, twice-a-week sessions of dance treatments over 18 weeks was markedly improved motor development and enhanced self-esteem.

Adolescents

Dance and movement can have preventive and therapeutic effects on adolescents. Preventive dance and movement focus on helping adolescents explore "the radical changes in body image and awareness" they are undergoing "and the transient feelings of depersonalization this engenders" (Emunah, 1990, p. 103). Dance and movement also lead to creative expression within adolescents in a healthy and actualizing way (May, 1975).

Dance and movement are therapeutic in enabling adolescents to express their conflicts in an active, behavioral form, which is often easier for them to do than to express themselves verbally. Thus, adolescents who are angry or confused can show their feelings in a safe and dynamic form by enacting them through dance and movement, often accompanied by music. In the case of severe disorders, such as anorexia nervosa, body

boundary exercises are utilized, where clients attend to the tactile differences "between their bodies and other objects in the environment" (Kaslow & Eicher, 1988, p. 180). Other movement and dance-related exercises, such as muscle relaxation, deep breathing, and centering, are helpful to adolescents too, regardless of the problems they present.

Adults

Most adults participate in some form of dance or movement activity as a way to stay healthy and fit. Jazzercise and jogging are two recent trends in this area that have captured the attention of a large number of individuals. Jazzercise is a popular, musically oriented way to exercise that is valued for its group support dynamic and upbeat tempo. Jogging is equally popular and has been used in group counseling settings to help participants become healthier psychologically as well as physically (Childers & Burcky, 1984). In addition, many professional athletic teams hire dance specialists to help their players learn agility and coordination that is essential to teamwork and individual performance. Both men and women readily embrace dance-related activities, which help them become more aware of how "in step" they are with themselves and others.

The use of bodywork is one way of working with men that has proven effective (Brownell, 1981). Although there are many forms of bodywork, it is defined here as any nonverbal activity through which men participate actively. It makes use of props and Gestalt-type experiences to help individuals become more aware of their bodies and emotions. The result is that through bodywork many men release repressed feelings such as fear, anger, hurt, or joy.

Women benefit from bodywork as well. Through this method they come to a clearer understanding of their own boundaries and are thus able to be more caring for themselves. Self/non-self distinctions gained in this way facilitate better intra- and interpersonal relationships. Likewise, dance therapy can help women reconcile the gap between inner experiences and external self-image in order to facilitate a fuller integration of self (Meyer, 1985).

The Elderly

The use of creative movement and dance with the elderly is an unexpected but pragmatic reality. Older adults have the ability and the willingness to engage in a number of activities, including simple dances, that benefit them physically and mentally. The exact nature of exercises chosen for members of aging populations depends on the physical well-being of participants as well as the space and time available. However, movement can include everything from activities that focus on breathing (such as blowing soap bubbles), to hand dances, to non-locomotor actions (such as bending a body part), to enactment with props (such as moving a scarf to the flow of music), to exercises on the floor or in a chair (Fisher, 1989).

Although the elderly are not as flexible in their movements as are younger people, the main limitation to working with this age population is the creativity of the dance/movement therapist or counselor. Dances, including aerobics, have proven useful to people in this age range (Atterburg, Sorg, & Larson, 1983; Lindner, 1982). The main emphasis of any movement or dance should be on improving participants' self-esteem, physical well-being, and sense of accomplishment.

Groups

Individuals who enter a group often experience a great deal of tension, feeling ill at ease in knowing what to say or do. In these situations some movement can help alleviate tension, break down barriers, and energize the group as a whole. Mintz (1971) suggested an exercise known as the "Hand Dialogue." In this exercise, two individuals who are paired as partners improvise dances with their hands. The event is nonverbal and fun. It may be utilized in small groups as well.

A similar type of movement or dance used at the start of most groups, but which can be implemented during the working stage of the group, is "Shadows." This exercise involves one person imitating another in a follow-the-leader style. Sometimes it is done in silence, but it is not unusual to have "Shadows" occur to music. The type of music chosen can help facilitate interaction and break down inhibitions. After the event, participants talk about their experience in groups of two, four, eight, and then the group as a whole. Again this type of movement expands individuals' awareness and gives them a common experience as a basis for sharing.

Families

The complex way individuals in families relate to each other is often referred to as the "family dance" (Napier & Whitaker, 1978). In healthy families "the partners do not need to hold on tightly . . . because they know they are . . . moving to the same rhythm" (Lindberg, 1975, p. 104). On the other hand, dysfunctional family members cling closely to one another and are hesitant to let their members change, much less leave home (Haley, 1978). Thus the results of family dances are either positive or negative. Healthy families act to resolve common problems and move toward a final dissolution of themselves as a functional, working unit. Unhealthy families, on the other hand, take steps to hinder the growth of members within the family unit by keeping them developmentally delayed and "stuck" in nonproductive patterns.

Three family dance/movement exercises can assist families in distress. Family choreography is one example of an approach that involves the whole family in a physical/mental experience. Enactment and paradox are two additional artistic ways to help families move in harmony.

In family choreography, different members of the family stage a moment in time in the family's life. Then specific movements are given to each player, which are repeated until members of the family get a feel for the multiple interconnectedness of their lives. This approach is well illustrated in the work of Papp (1982), where married couples were assisted in acting out their patterns of behavior in this manner. The result was a change in the couples' subsequent actions and a potential metaphorical memory trace of what movements could be positive in the marriage.

In enactment, the counselor directs family members to do a "dance movement" depicting a problem they are stuck in, such as resolving arguments, and to "show" the counselor what happens. This type of direction takes the involuntary nature away from the action in which the family is stuck and places it in the hands of the counselor. Therefore, even if family members do not resolve their disputes, their relationships with each other change. They have to try another (hopefully positive) way of settling their disputes because of the power they have given the counselor to direct their old, nonproductive patterns.

Finally, in paradox, a type of reverse enactment takes place. The counselor basically tells family members they cannot do something, such as change, or the counselor instructs the family to "go slow." As a result, the family either obeys and therefore moves differently under the counselor's direction, or it rebels and changes to "resist" the counselor's instructions. Change in patterns and movement within the family is the end product.

Dance and Movement in Counseling With Other Creative Arts

Dance and movement have many common elements with other creative arts. For instance "shape, space, time, and force are used by dancers, artists, and musicians alike" (Fisher, 1989, p. 51). On a specific level, dance is usually associated with the creative art form of music. After all, music provides a rhythmic background that can heavily influence the types and frequencies in which people engage in dance. Other art forms that have an influence on dance and movement are drama and art.

Music

The natural connectedness between dance and music is exemplified in two sentences of a story about a university team preparing to play in the annual National Collegiate Athletic Association (NCAA) basketball tournament. "Some call the NCAA Tournament the 'big dance,' others the grand ball. In either case, Wake Forest is ready to face the music" (Collins, 1991, p. 27). The linkage of music with movement is used frequently because it is assumed that dance and movement will be accompanied by rhythm and sound. Although this is not the case every time, there are some excellent examples of this type of complementary joining.

One such example is an intergenerational program between kindergarten children and residents of a geriatric facility—Project TOUCH (Mason-Luckey & Sandel, 1985). In this situation, children and their elder partners sing certain songs and move accordingly. For example, in expressing feelings about fantasy and hope, the group sings "Bluebird Through My Window" while standing in a circle holding hands. As the song is sung, a designated "bluebird" flies through the spaces (frames) connected with arms, and then finally lands within the circle and designates another person to become the bluebird.

Drama

Johnson and Eicher (1990) outlined dramatic activities that can be used as adjuncts to facilitate dance therapy. According to these practitioners, dramatic techniques are effective with adolescents in dance therapy because they mediate the threat of intimacy to members of this population. Basically the techniques work internally "by decreasing the ambiguity of emotional and feeling states" and externally "by providing a safer container for the aggressive drives stimulated by the intimate environment" (p. 163). Thus, drama techniques, such as "labeling feelings," "freezing action," and "defining linear space" help insecure adolescents feel safe within themselves and secure with others.

Other successful dramatic activities include the exercises of:

1. Adverbs—In this situation, one member of a group leaves the room and the others decide on an adverb (a word ending in "ly," e.g., "warmly"). When the member returns, he or she asks designated members to act out a task in a way that reflects the chosen adverb.

2. Chair Game—In this exercise, group members decide on a famous person while one member of the group is gone. When that member returns, others treat him or her like the famous person until the member guesses that person's identity.

3. Areas—In this dramatic activity, the room is marked off into different feeling areas such as "Sad," "Bored," "Happy," and "Angry." Each member of the group spends time in these areas and tries to embody that emotion while in that space. Then members reassemble and talk about how each experience felt.

4. Environments—In this exercise the group breaks down into two teams, and each creates an environment for the other, such as the surface of the moon or a tropical jungle. After going through or participating in the environment, the teams reassemble and talk about the experience and how it relates to their lives.

Dramatic techniques, such as those above, encourage adolescents to move in many directions and interact with different people in novel ways. Therefore, when adolescents are instructed in dance therapy procedures following these types of experiences, they are usually not intimidated, and in fact may welcome the opportunity to be more expressive and creative.

Art

In the case of working with eating disordered persons whose perception of self is greatly distorted, dance and movement are sometimes combined with projective drawings (Krueger & Schofield, 1986). The idea in this treatment is to help clients:

- to visualize immediately the movement experience they just had;
- to give them a way to symbolize and objectify this experience in a drawing;
- to depict current developmental issues that have arisen because of what they have been through;
- to provide a concrete means (i.e., the drawing) to bridge the transition between nonverbal and verbal means of expression; and
- to measure progress and change.

Clients usually make drawings at the end of each dance/movement therapy session, and practitioners analyze the individual and overall impact of such drawings for patterns and symbols that will help create insight.

Art and movement are also combined in the treatment of chemically dependent individuals (Potocek & Wilder, 1989). In this inpatient work "concrete art and movement tasks are applied to parallel" each of the first four steps of Alcoholics Anonymous (AA) (p. 99). For example, in Step 1, where addicts admit they are powerless over alcohol, participants construct with chairs the walls of a pit while despondent, self-absorbing music is played in the background. They then take turns climbing over the walls and sitting in the pit in the midst of a darkened room. While there, they draw their feelings on a large brown piece of paper on the floor. Each of the four steps contain similar movement and art exercises with the intent of promoting abstract thinking and making intangible emotions clear.

Summary

Dance and movement are physically demanding and energizing art forms. Their use in counseling varies, but in general they are employed to help clients become more aware

of their bodies, boundaries, and interpersonal relationships. Dance and movement are integrative ways of helping individuals in all ages and stages in life become more completely whole. They free people to move in ways that talk alone does not allow. Dance differs from movement in its emphasis on performance and music, but both encourage clients to become actively involved in the therapeutic process.

Some counseling theories such as psychoanalysis, Gestalt, and social learning approaches advocate and employ dance and movement techniques. With children these procedures are more active than with older adults. Families and groups also use dance and movement, especially choreography, in unique and innovative ways. Moreover, dance and movement can be combined with a number of other creative arts, such as music, drama, and art, to enrich and enliven counseling sessions and to facilitate change and growth.

Exercises

1. Focus on your most physically active time of life. What did you learn from your body that now affects your practice as a counselor, for example, are you more verbally direct when you are fatigued, or do you need a specific amount of exercise to feel mentally alert? Discuss your need or lack of a need for movement with a colleague, and notice to what extent structured or spontaneous physical activity plays a part in the life of your clients.

2. A dance is usually described as movement that is structured and usually performed on some level in public. What types of dances do you observe among clients and nonclients you know? How do these dances either get to the heart of issues or sidestep important issues?

3. Lead a "milling around" exercise with a group of trusted friends or colleagues. In this exercise, individuals simply walk around and participate with others as instructed by the leader, such as making or not making eye contact, or touching or not touching each other with shoulders or elbows. The idea is to assess how comfortable each member feels when moving in a certain manner. The entire exercise is brief in duration (about 2 to 5 minutes) and is processed with the group leader for as long as needed afterwards.

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References

Atterburg, C., Sorg, J., & Larson, A. (1983). Aerobic dancing in a long-term care facility. *Physical and Occupational Therapy in Geriatrics, 2,* 71–73.

Brownell, A. J. (1981). Counseling men through bodywork. *The Personnel and Guidance Journal, 60,* 252–255.

Bunney, J. (1979). Dance therapy: An overview. In P. B. Hallen (Ed.), *The use of the creative arts in therapy* (pp. 24–26). Washington, DC: American Psychiatric Association.

Carkhuff, R. R. (1983). *The art of helping* (5th ed.). Amherst, MA: Human Resources Development Press.

Chiefetz, D. (1977). Activities. In B. Zavatsky & R. Padgett (Eds.), *The whole word catalogue 2* (pp. 176–180). New York: Teachers & Writers Collaborative.

Childers, J. H., Jr., & Burcky, W. D. (1984). The jogging group: A positive-wellness strategy. *AMHCA Journal, 6,* 118–125.

Collins, D. (1991, March 12). "Big dance" awaiting Deacons. *Winston-Salem Journal,* B1.

Duggan, D. (1981). Dance therapy. In R. J. Corsini (Ed.), *Handbook of innovative psychotherapies* (pp. 229–240). New York: Wiley.

Emunah, R. (1990). Expression and expansion in adolescence: The significance of creative arts therapy. *Arts in Psychotherapy, 17,* 101–107.

Feder, E., & Feder, B. (1981). *The expressive arts therapies.* Englewood Cliffs, NJ: Prentice-Hall.

Fisher, P. P. (1989). *Creative movement for older adults.* New York: Human Sciences Press.

Fleshman, B., & Fryrear, J. L. (1981). *The arts in therapy.* Chicago: Nelson-Hall.

Freud, S. (1923). The ego and the id. *The standard edition,* Vol. 19 (pp. 12–60). London: Hogarth Press.

Gladding, S. T. (1967/1991). *Dance street.* Unpublished manuscript.

Gladding, S. T. (1985). Counseling and the creative arts. *Counseling and Human Development, 18,* 1–12.

Gladding, S. T. (1991). *Group work: A counseling specialty.* New York: Macmillan.

Gladding, S. T. (1992). *Counseling: A comprehensive profession* (2nd ed.). New York: Macmillan.

Haley, J. (1978). *Leaving home.* New York: McGraw-Hill.

Hendricks, K. T. (1982). Transpersonal movement therapy. In G. Hendricks & B. Weinhold (Eds.), *Transpersonal approaches to counseling and psychotherapy* (pp. 165–187). Denver, CO: Love.

Jacobs, E. E., Harvill, R. L., & Masson, R. L. (1988). *Group counseling.* Pacific Grove, CA: Brooks/Cole.

Johnson, D. R., & Eicher, V. (1990). The use of dramatic activities to facilitate dance therapy with adolescents. *Arts in Psychotherapy, 17,* 157–164.

Kalish-Weiss, B. I. (1988). Born blind and visually handicapped infants: Movement psychotherapy and assessment. *Arts in Psychotherapy, 15,* 101–108.

Kaslow, N. J., & Eicher, V. W. (1988). Body image therapy: A combined creative arts therapy and verbal psychotherapy approach. *Arts in Psychotherapy, 15,* 177–188.

Kottler, J. A. (1986). *On being a therapist.* San Francisco, CA: Jossey-Bass.

Krueger, D. W., & Schofield, E. (1986). Dance/movement therapy of eating disordered patients: A model. *Arts in Psychotherapy, 13,* 323–331.

Lasseter, J., Privette, G., Brown, C., & Duer, J. (1989). Dance as a treatment approach with a multidisabled child: Implications for school counseling. *The School Counselor, 36,* 310–315.

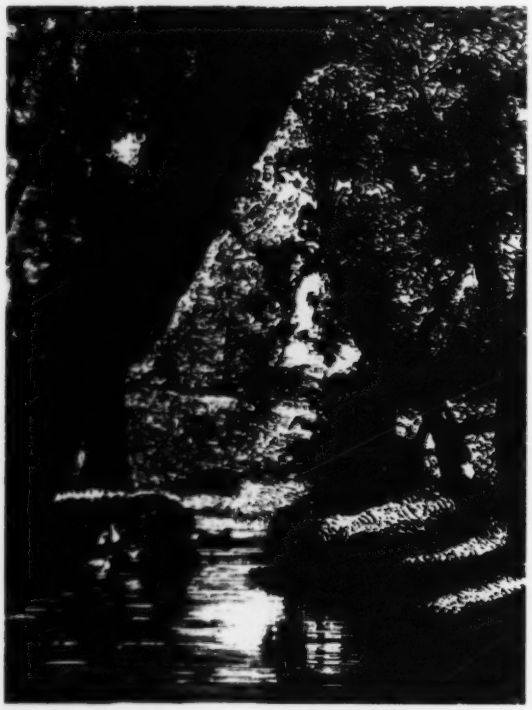
Levy, F. J. (1988). Introduction. In F. J. Levy (Ed.), *Dance movement therapy* (pp. 1–16). Reston, VA: National Dance Association.

Lindberg, A. M. (1975). *Gifts from the sea.* New York: Pantheon.

Lindner, E. C. (1982). Dance as a therapeutic intervention for the elderly. *Educational Gerontology, 8,* 167–174.

Mason-Luckey, B., & Sandel, S. L. (1985). Intergenerational movement therapy: A leadership challenge. *Arts in Psychotherapy, 12,* 257–262.

May, R. (1975). *The courage to create.* New York: Norton.
Meier, S. T. (1989). *The elements of counseling.* Pacific Grove, CA: Brooks/Cole.
Meyer, S. (1985). Women and conflict in dance therapy. *Women and Therapy, 4,* 3–17.
Mintz, E. E. (1971). *Marathon groups: Reality and symbol.* New York: Appleton-Century-Crofts.
Napier, A. Y., & Whitaker, C. A. (1978). *The family crucible.* New York: Harper & Row.
Papp, P. (1982). Staging reciprocal metaphors in a couples group. *Family Process, 21,* 453–467.
Perls, F. (1969). *Gestalt therapy verbatim.* Moab, UT: Real People Press.
Perls, F., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy.* New York: Dell.
Potocek, J., & Wilder, V. N. (1989). Art/movement psychotherapy in the treatment of the chemically dependent patient. *Arts and Psychotherapy, 16,* 99–103.
Stark, A., & Lohn, A. F. (1989). The use of verbalization in dance/movement therapy. *Arts in Psychotherapy, 16,* 105–113.
Weinhold, B. K. (1987). Altered states of consciousness: An explorer's guide to inner space. *Counseling and Human Development, 20,* 1–12.



4

Imagery and Counseling

In my mind there's a picture of Timothy
and a vision of nonverbal memories.
Awakened to that awareness
I walk lightly and with joy—
a man having watched the birth of his son
and vicariously experienced the labor.
White clouds blow in the cool March air
but my sight is focused on a previous night
when new movement came to life
in the rhythmic cry of an infant.

(Gladding, 1991a)

THE USE OF IMAGERY (i.e., visualization, seeing with the mind's eye, inner vision) has an extraordinarily rich history in the helping professions (Achterberg & Lawlis, 1984). The ancient Egyptians and shamans in many cultures used imagery to promote positive change in personal and interpersonal relationships. In more recent history, imagery has been associated with learning (i.e., eidetic or photographic memory) (Luria, 1968), relaxation techniques (Richardson, 1969), life meaning (Jung, 1956; Mills & Crowley, 1986), and life enjoyment (Lazarus, 1977; Witmer, 1985).

Popular songs such as John Lennon's "Imagine" and Smokey Robinson's "It Was Just My Imagination" emphasize the significance of imagery in the life of many people and its importance for promoting everything from peace to love. Furthermore, the concept of "the dream" and envisioning a future is stressed in a variety of ways from the Rogers and Hammerstein's *South Pacific* song "Happy Talk," to the "I Have a Dream" speech of Martin Luther King, Jr., to the dream concept of life development for men elaborated on by Daniel Levison and associates. Almost all counseling theories and procedures depend to some extent on imagery (Gordon, 1978). It is a universal and natural modality for helping people engender change.

The two most dominant types of images are visual and auditory, but there are as many images as there are sensations, for example, sound, touch, smell, taste, and sight. "Imagery is the language of the unconscious and, as such, it serves as a tool for bringing unconscious material to conscious awareness" (Weinhold, 1987, p. 9). Sometimes images appear spontaneously in the mind's eye without any active, personal prompting (i.e., free daydreams) (Klinger, 1987). At other times, images are "directed," that is, they are amplified or creatively enhanced like scenes in a Hollywood or Broadway production. Counseling usually seeks to eliminate unwanted spontaneous images that cause pain or stress and to promote directed images that help individuals relax and enjoy the inner and outer worlds in which they live (Witmer & Young, 1985, 1987).

Premise of the Use of Imagery in Counseling

A major reason for using imagery in counseling is related to what Bernie Siegel (1986) called a "weakness of the body: it cannot distinguish between a vivid mental experience and an actual physical experience" (p. 153). Thus, in helping people help themselves, imagery may work as powerfully as actual behavior. This type of mental practice is exemplified most graphically with athletes and actors, who image a winning performance and actually perform better as a result.

A second rationale for using imagery in counseling is that it is an available resource that most clients already employ in some form. All types of images have advantages. For example, visual imagery is one of the fastest ways of learning new material or remembering experiences. A "visual matrix is the building block of the most delicate and sophisticated information. Music notation is displayed visually; blueprints for buildings are visual guides; maps for air and space travel are visual; and computers have been designed to give visual readouts to maximize information provided to the user" (Lankton & Lankton, 1983,

p. 327). Thus, through visualization individuals can gain a clearer picture of themselves and their goals and envision solutions to their concerns.

Auditory images, such as voices, are extremely valuable also. Milton Erickson, one of the leading pioneers in family counseling/therapy, used to tell his clients and students: "My voice will go with you." This assurance made it easier for individuals to leave his sessions, and it served as a way of helping people actually remember what they had heard him say. It is common for people to remember auditory experiences associated with specific situations, and research on self-instruction indicates that those who give themselves auditory commands before performing an action do it more efficiently and quickly than those who are not prepared in this manner.

The senses of touch (tactile), smell (olfactory), and taste (gustatory) are valuable in the art of counseling too. Sometimes clients describe their feelings in regard to one of these senses, such as "I just want to get a handle on it;" or "Something is rotten in this relationship;" or "I experienced the bitter taste of defeat." These expressions cue the counselor into the client's preferred ways of experiencing the world (Bandler & Grinder, 1975). Counselors can use such information to find therapeutic solutions or images to help these individuals.

A third reason for using imagery in counseling, especially guided imagery, is that it is valuable both for counselors and clients in "developing cognitive flexibility. It teaches people how to use their imagination as a tool for stimulating creativity and for loosening the tight grip of the so-called normal waking state of consciousness . . . " (Weinhold, 1987, p. 9). Thus former excuses for not taking action lose some of their power and clients see themselves as more capable than before. They have hidden mental resources that can be tapped and used to promote positive change. Therefore, their chances for breaking dysfunctional patterns are greatly enhanced and their versatility in helping themselves is similarly magnified (Fisher, 1989).

A fourth premise for employing imagery in counseling is that many client problems are connected directly to their images of self and others. One of the most graphic examples of this phenomenon is anorexia nervosa, but concerns from low self-concept to social ineptness and destructive game playing also are linked to images that individuals carry with them (Berne, 1964). Counselors who are "image conscious" and work with their clients from this perspective are much more likely to be effective than those who are not focused this way.

The final rationale for using imagery in counseling is that it promotes a holistic approach to working with individuals. Through imagery many different aspects of a client's personhood and environment can be examined and, if desired, changed (Gawain, 1978). For instance, relationships, health habits, and talents may be assessed and modified appropriately by helping clients to experience them in imagery form and then in real life situations. The importance of imagery in counseling is well represented in the systematic and comprehensive perspective of Arnold Lazarus's "multimodal therapy." In this approach clients are assessed in regard to the BASIC ID, an acronym where each letter represents an area in life—behavior, affect, sensation, imagery, cognition, interpersonal relationships, and drugs/biology (Lazarus, 1989). By working with people from this broad conceptualization, counselors are better able to identify difficulties that can be corrected and help their clients become more integrated.

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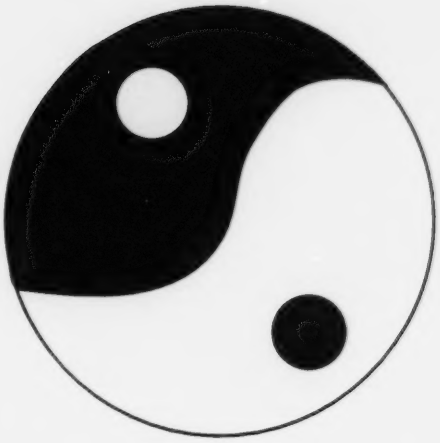
Practice of the Use of Imagery in Counseling



Mandala

Imagery is used in a wide variety of ways in counseling. Sigmund Freud was among the first in the modern treatment of mental disorders to be concerned with imagery and its meaning, especially in dreams. It was Freud who emphasized the manifest (obvious) and latent (hidden) meanings of dreams and described dreams as the "royal road to the unconscious" (Freud, 1957). It was also Freud who insisted his patients lie on a couch when trying to access their images, a position that modern research supports as enhancing the quantity and quality of images produced possibly due to its association with relaxation, sleep, and dreams/daydreams (Sheikh, Sheikh, & Moleski, 1985).

Carl Jung expressed a great interest in symbols and images also, whether inside or outside dreams. He was particularly interested in images with universal qualities that he called "archetypes" (e.g., the earth mother, the wise old man, the hero, rebirth). It was Jung's idea that certain images unite people with one another and with themselves. For instance, the mandala is a universal sign of wholeness and completeness that is embraced worldwide and used in various forms as clients become healthier (Jung, 1968).

Outside of "depth therapy," imagery is embraced and utilized extensively by other counseling traditions, especially those based in humanistic and cognitive-behavioral theories. An unusual way imagery is employed is in the humanistic, existential family therapy approach of Carl Whitaker, where Whitaker will fall asleep (leaving his cotherapist in charge), have a dream, and then share the images and experience of the dream with the family with whom he is working (Napier & Whitaker, 1978). The art of this process is found both in the content and process of what Whitaker does. He gives the family a different picture of who they are, one they cannot rationally argue with. At the same time he "unbalances" the family unit by doing something unexpected and enables them to think and interact in a manner that is different from their routine.

In Gestalt therapy fantasy and imagery are used in some rather novel ways too. Dreams are seen as the royal road to integration (Perls, 1969). As such, Gestalt therapists encourage their clients to recreate and relive their dreams in the present. This procedure requires clients to become all parts of their dreams, and in doing so to ask themselves such questions as: "What am I feeling?" "What do I want?" "What is my dream telling me?" (Rainwater, 1979). By enacting, questioning, and becoming more aware of the many variables within dreams, individuals who work from a Gestalt perspective become more integrated as persons because they recognize and accept the polarities within themselves that they have previously projected onto others. They are thus enabled to complete unfinished business in their backgrounds such as unacknowledged grief, anger, or loss (Gladding, 1991b).

A related way imagery is used in a holistic manner is exemplified by the humanistic psychologist Abraham Maslow (1991), who employed imagery to help people gain a greater sense of gratitude toward others and the blessings of life. He advocated imagining the death of someone for whom a person cares, and thinking as vividly as possible about what would be truly lost and about what would cause the most grief. After imagining the situation in this way, thinking would shift to how to conduct a complete good-bye and how to best preserve the memory of the person. Another technique Maslow proposed was imagining oneself to be dying, and in the process vividly seeing and saying good-bye to the persons loved best. These techniques, he stated, could prevent repetitive rumination or a sense of incompleteness, such as he suffered in regard to the loss of Alfred Adler, with whom he had had a slight argument shortly before Adler's death. Imagery of this type could promote health as well.

Imagery is used in several ways within cognitive-behavioral approaches. For example, in rational-emotive hypnotherapy (REH), there is an emphasis on "here-and-now" imagery of recent events and "regressive imagery" of remote events (Golden, 1986). In both cases, the use of imagery is emphasized as a way of understanding maladaptive thoughts and behaviors and devising strategies for changing them. Even more popular is rational-emotive imagery (REI), where clients keep complete conscious control of their faculties (Maultsby, 1977, 1984). In this process clients receive help to create mental frames of reference for behaving rationally. They "imagine themselves thinking, emotionally feeling, and physically behaving exactly the way they want to think, feel, and act in real life. When people combine REI with physical practice, they learn new emotional as well as physical habits in the shortest possible time" (Maultsby, 1984, p. 196).

In behaviorally based treatment, clients are sometimes asked to "symbolically recreate a problematic life situation . . . (and then) imagine it actually happening to them. When clients have conjured up an image of a situation, they are then asked to verbalize any thoughts that come to mind . . . " (Wilson, 1989, p. 259). This particular technique is especially helpful during assessment in uncovering thoughts associated with events of which clients may be initially unaware.

Another use of imagery in counseling is found in systematic desensitization (Wolpe, 1958). In this therapeutic method clients are requested to construct a hierarchy of different situations that trouble them, starting with those that are mildly disturbing and working up to those of major concern. Clients then are instructed to picture each situation clearly as they work up the hierarchy with the counselor, and simultaneously to relax. The idea behind this method is that being relaxed and anxious are incompatible responses (i.e., reciprocal inhibition) and that clients can be taught to become relaxed in the presence of a situation that previously was bothersome. In other words, one emotion (relaxation/pleasure) is used to counteract another (anxiety), with imagery playing a major role in the process (Mckay, Davis, & Fanning, 1981).

Clients can also use imagery to cope with physical pain by incorporating the pain into their life rather than fighting it (Kleinke, 1991). This type of incorporation can occur through dissociation (imaging the hurt as being outside of the body), fantasy (fantasizing that one is suffering for a good cause), imagining numbness (where the hurt slowly becomes numb), and focusing on sensations (studying what the feelings are like).

Two major outcomes of counseling occur in image form if treatment has been successful. The first is a change from a negative self-image to a positive one. Clients see themselves as more capable. The second result is a change in clients' coping images, which change

from pictures of being out of control and helpless to images of being able and capable even in severe situations (Lazarus, 1989). Thus, clients change their outlook on themselves and function in a more healthy way because they see themselves differently.

Imagery in Counseling With Specific Populations

The use of imagery is extremely beneficial for a number of client populations. For example, imagery may help in working with individuals suffering from posttraumatic stress disorder (Grigsby, 1987), career indecision (Skovholt, Morgan, & Negron-Cunningham, 1989), bulimia (Gunnison & Renick, 1985), problems in couple communication (Hendrix, 1988), and parenting difficulties (Skovholt & Thoen, 1987). In addition, imagery may be used in preventive and educational activities for children, such as enhancing self-esteem and reducing anxiety (Witmer & Young, 1987). Counselors also benefit from using imagery, as demonstrated in the "Counselor of Tomorrow" project sponsored by the Association for Counselor Education and Supervision (ACES), where a film using numerous images has helped professionals envision possible futures. Some of the more general ways imagery can be used will be examined next.

Children

Preschool children often feel they have little or no control over their lives, and often they are right. In order to empower such children, directed imaging can be used. One way it can be employed is through imagining games, where a teacher or parent will read a passage to a child or group of children from a structured exercise book, such as Richard De Mille's (1967) *Put Your Mother on the Ceiling* or Joseph Shorr's (1977) *Go See the Movie in Your Head*, and have the child(ren) visualize the scene. These types of imagery games, at their best, create divergent thinking, motivate, challenge, and bring fun into the lives of those involved. They foster freedom in a constructive way not otherwise possible. Yet, they are always interspaced with reality-based exercises, and thus they help promote within young children an appreciation for imagery and reality.

For elementary school children with low self-esteem, imagery is a valuable way to help enhance their self-concept. One way this can be done is by having children look at themselves through the eyes of a special person (Childers, 1989). In this exercise, children pretend to be artists, and in this role they draw special people into their lives who love them. After the drawings are finished (just one drawing per child), the children pretend to be the special people whom they have drawn and to see themselves through loving eyes. Then they reassociate back into their own bodies and bring back with them lovable feelings from the experience.

Adolescents and Adults

Much of the inner lives of adolescents and adults involve imagery. For example, one summary of the literature reports that sexual fantasies are quite common in men and women from late adolescence through midlife, rivaled only by problem-solving daydreams (Pope, Singer, & Rosenberg, 1984). Sexual fantasies may be used therapeutically to enhance a couple's sex life and overall relationship in the treatment context devised by Masters and Johnson (1970) or in other forms of couple, or even individual, counseling.

Likewise, problem-solving daydreams can be utilized to help adolescents and adults anticipate and productively respond ahead of time to developmental situations they expect to face.

Adolescents and adults can learn the skill of using imagery exercises to alleviate depression (Schultz, 1984). For example, members from these two populations can be taught to image something that makes them angry and thus realize through this process that they can gain control over the imaging process associated with feelings. Similarly they can learn "socially gratifying imagery" and "positive imagery" procedures and use these methods to combat depressive thoughts temporarily or permanently. The use of imagery as a visual art form, especially in combination with verbal directive techniques, is powerful in producing "more extensive and long-lasting improvements" (Shultz, p. 143).

Imagery seems to be highly correlated to the mental and physical health of adolescents and adults. "Imagery is receiving a tremendous resurgence of interest throughout the spectrum of the healing arts and is currently being researched in major medical centers and universities around the world in clinical situations ranging from the treatment of chronic pain to the management of patients with cancer" (Rossman, 1984, p. 232). The intensity of the public's interest in the positive and therapeutic use of imagery in health is reflected in the best-selling status of Bernie Siegel's (1986) book—*Love, Medicine & Miracles*.

The Elderly

Both free and guided imagery can be especially powerful tools in working with the elderly. For instance, guided imagery exercises can be used to help them take relaxed trips in time either to a place where they long to go or back to a place they have enjoyed before (Fisher, 1989). These imaginary trips are followed with a process session, where those who have traveled come back to the counselor or a group setting and share their experiences either in verbal or nonverbal forms, such as talking or drawing.

Sometimes free imagery is used in largely unstructured situations, where music is played in the background and participants are asked to "dance in their minds" to the sound. After the experience ends, those who are mobile may actually act out what they envisioned, and the less physically agile move their limbs to the beat of the music while remaining seated.

Groups

Imagery works well in different kinds of groups and during distinct group stages. Different imagery exercises have been suggested to enhance group process in the initial screening and follow-up processes, and in the five-stage group model suggested by Tuckman and Jensen (1977) of forming, storming, norming, performing, and adjourning. For example, in the forming stage, which is characterized by testing and dependence, group members may be given imagery tasks that are safe and connecting, such as describing themselves in the lines of a song or poem, or in presenting their life to the group in historical photographs or a life road map. Likewise, in the adjourning stage, where the focus is on closure and anticipation, group members may give each other "good-bye gifts" in the form of future visions of themselves and others.

Couple Communication

In couple work imago (image) therapy is a method of using vision and enactment to help married couples overcome obstacles to their relationship rooted in previous life experiences and expectations (Hendrix, 1988). This approach is eclectic and combines elements of psychoanalysis, transactional analysis, Gestalt therapy, cognitive therapy, and systems theory. It assists couples in seeing what they are doing and what they can do better, and then has them practice creating the new relationship so envisioned.

Basically imagery can facilitate the following types of activities in couples work: (a) collecting initial information, (b) decision making, (c) clarifying power and intimacy issues, and (d) preparing for future events (Hoffman, 1983). Imagery enlivens counseling sessions and helps make interpersonal relationships more interesting and more memorable.

Career Counseling and Life Planning

The use of imagery, especially guided imagery and daydreams, has become more prevalent in career counseling and life planning since the 1960s (Skovholt et al., 1989). Some career counseling material, such as Holland's (1985) Self-Directed Search, builds an examination of occupational daydreams into the assessment process. It is the contention of certain theorists, backed up by theoretical, anecdotal, and empirical data, that although daydreams and fantasies do not guarantee a dream will come true, they are instrumental in helping individuals "contemplate new possibilities, try out new options, and make more informed life-planning decisions" (Skovholt et al., p. 288).

Guided imagery may be used in career counseling and life planning also, but it is somewhat suspect because of a lack of good empirical data on its effects. Nevertheless, the benefits of guided imagery in career counseling include:

- its flexibility;
- its emphasis on the promotion of creativity and divergent thinking and the generation of more career options;
- its safe, nonthreatening, and inexpensive features;
- its enjoyability and its emphasis on considering nonrational aspects in decision making (Skovholt et al., 1989).

Imagery in Counseling With Other Creative Arts

Because imagery is often a picture in the mind of an event or a way of being, it is helpful to make the image more concrete. This can be accomplished by representing imagery in writing, movement, music, photography, and art.

Written Expression of Imagery

One way to write about imagery is to keep a daily journal or log where dreams, daydreams, and guided fantasies are recorded. Along with the recording of these events it is important to note any reactions in regard to the imagery. For example, there are some fantasies individuals are reluctant to give up, and certain nightmares where individuals express a sigh of relief when they awake.

In career counseling, written exercises can be used to help clients obtain a clearer picture of who they are and what they want to do vocationally. For example, in the *Career Imagery Card Sort*, clients are asked to sort 150 cards with career titles into five piles (Skovholt, 1981). During sorting, clients are asked to reflect on how occupations match with daydreams they have. Afterwards, clients pick an occupation that is of high interest to them based on their daydreams, and are then taken on a guided fantasy of a "day in the future" in that specific occupation. After the exercise is processed, clients continue to keep track of their daydreams about careers and discuss these unsolicited fantasies with the counselor in future meetings.

Movement and Imagery

Imagery and movement can be combined in many creative ways. One of the most dynamic is choreography, where images of a family or a situation (past, present, or future) are enacted in a repetitive way. Family choreography (Papp, 1976) is an outgrowth of family sculpting, where people in a family are arranged in "various physical positions in space that represent their relationships to each other at a particular moment in time" (Goldenberg & Goldenberg, 1985, p. 264). Family sculpting can be compared to an image one would get from a photograph, whereas family choreography is like a videotape. Both processes are nonverbal so that participants can experience and see themselves rather than talk about their situations.

Music and Imagery

Visualization is sometimes promoted by the use of music played in the background. Eastern European trainers of athletes have used the "largo movements of baroque instrumental music, with their strong, regular bass-line rhythms of about sixty beats per minute" to help athletes envision a winning performance (Siegel, 1986, p. 153). Any type of music is likely to promote mental imagery as long as the listener finds it relaxing. The key in working with athletes or cancer patients is the care that is shown in choosing the music and achieving a quieting effect.

Pictures and Imagery

The importance of concrete imagery to reinforce or supplement abstract imagery has received a good deal of attention. Popular songs such as a 1970s song by Jim Croce titled "Photographs and Memories" underscore the perception of how photography can aid in the development of pictures in the mind. Indeed, photographs and drawings generally have been found to facilitate learning in children and adults in many situations (Alesandrini, 1985).

Photographs are helpful as supplemental material especially with children in showing them an example of what they can image. Instructing children and adults on how to form internal mental pictures of specifics is equally effective. A number of studies show that analogous (i.e., similar) and abstract (new and different) imagery can facilitate learning, and that the use of these verbal/written types of imagery should be more widely utilized.

In learning information and performing a new task, an analogous image would be most appropriate, whereas in representing something entirely new, an abstract image would work well. An example of how such imagery can be used in counseling is found in the

"Mailbox exercise" devised by Gladding (1989). In this exercise, clients are instructed to photograph a mailbox from as many angles as possible and then bring the photographs to the next session mounted on poster board. When the assignment is completed the counselor and client discuss the task and examine the pictures. In this process clients discover that just as they can look at a mailbox from many angles, they can do the same with their present situation. They are then freed by this analogy exercise to devise novel images for their own life. Basically, images that are both concrete and abstract, and that are related to earlier learning as well as completely novel, can help clients become more mentally healthy by giving them a vision of situations and helping them master their environments.

Art and Imagery

Artistic expression of imagery can be displayed in many ways, such as having individuals draw what they see in their minds in the air. This technique, which may seem silly at first, helps clients put body movement to an image and reinforces their mental picture of it through simple motor movements.

Another artistic expression of imagery is to have people draw their visions in "lines of feelings" (a technique discussed in the chapter on the visual arts). The idea in this type of exercise is that by setting down their images more concretely, clients are able to conceptualize better what they are feeling and therefore can take more positive steps to work on these matters. Another expression of imagery, especially for those who are artistically inclined, is to draw images in a free style and then process the experience and drawing(s) with the counselor. A good example of a client doing self-portraits in this way is found in the work of Newton (1976).

Summary

Imagery is a popular concept in counseling and is increasingly used and appreciated as a powerful and effective helping tool. Just as an artist knows when and how to time his or her expressions so as to make the greatest impact, counselors who use imagery effectively are aware of what to do and when. They apply their skills artistically in a deft and dramatic fashion as a preventive and therapeutic force.

As this chapter has emphasized, almost all counseling theories make use of imagery. It is an extremely versatile art form. Furthermore, most of the other creative arts can be combined with imagery to make a more powerful impact on clients and assist them in resolving their concerns more quickly. Imagery is an art that counselors can draw on to help them understand emotional situations from childhood to old age so they can provide appropriate services to their clients.

References

Achterberg, J., & Lawlis, G. F. (1984). *Imagery and disease*. Champaign, IL: Institute for Personality and Ability Testing.

Alesandrini, K. L. (1985). Imagery research with adults: Implications for education. In A. S. Sheikh & K. S. Sheikh (Eds.), *Imagery in education* (pp. 199–221). Farmingdale, NY: Baywood.

Exercises

1. Imagine that someone has asked you to demonstrate the most salient material you remember from reading this chapter. How would you do it? How could imagery help you complete this task better?

2. Examine recent issues of the *Journal of Mental Imagery* and counseling periodicals such as the *Journal of Counseling & Development* and the *Journal of Counseling Psychology*. In what ways is imagery being used in helping? Are there predominant patterns for using imagery? Are there special populations for whom imagery is particularly effective?

3. What career images and senses are strongest for you when you reflect on yourself currently? What memories of images/senses about work did you have while growing up? Are there wide differences? Discuss this experience with a colleague.

Bandler, R., & Grinder, J. (1975). *The structure of magic*. Palo Alto, CA: Science & Behavior Books.

Berne, E. (1964). *Games people play*. New York: Grove Press.

Childers, J. H., Jr. (1989). Looking at yourself through loving eyes. *Elementary School Guidance & Counseling, 23*, 204–209.

De Mille, R. (1967). *Put your mother on the ceiling*. New York: Penguin.

Fisher, P. P. (1989). *Creative movement for older adults*. New York: Human Sciences Press.

Freud, S. (1957). The interpretation of dreams. In J. Strachy (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12). London: Hogarth Press.

Gawain, S. (1978). *Creative visualization*. San Rafael, CA: New World Library.

Gladding, S. T. (1989). *The mailbox exercise*. Unpublished manuscript.

Gladding, S. T. (1991a). *An image of Timothy*. Unpublished manuscript.

Gladding, S. T. (1991b). *Group work: A counseling specialty*. Columbus, OH: Merrill/Macmillan.

Golden, W. L. (1986). Rational-emotive hypnotherapy: Principles and techniques. In A. Ellis & R. Grieger (Eds.), *Handbook of rational-emotive therapy*, Vol. 2 (pp. 281–291). New York: Springer.

Goldenberg, I., & Goldenberg, H. (1985). *Family therapy* (2nd ed.). Pacific Grove, CA: Brooks/Cole.

Gordon, D. (1978). *Therapeutic metaphors*. Cupertino, CA: META Publications.

Grigsby, J. P. (1987). The use of imagery in the treatment of posttraumatic stress disorder. *Journal of Nervous and Mental Disease, 175*, 55–59.

Gunnison, H., & Renick, T. F. (1985). Using fantasy-imagery and relaxation techniques. *Journal of Counseling and Development, 64*, 79–80.

Hendrix, H. (1988). *Getting the love you want*. New York: Henry Holt.

Hoffman, L. W. (1983). Imagery and metaphors in couple therapy. *Family Therapy, 10*, 141–156.

Holland, J. L. (1985). *The Self-Directed Search: A guide to educational and vocational planning*. Odessa, FL: Psychological Assessment Resources.

Jung, C. J. (1956). The structure of the unconscious. In C. J. Jung (Ed.), *Two essays on analytical psychology*. New York: Meridian.

Jung, C. J. (1968). *The structure and dynamics of the psyche*. New York: Pantheon Books.

Kleinke, C. L. (1991). *Coping with life challenges*. Pacific Grove, CA: Brooks/Cole.

Klinger, E. (1987). The power of daydreams. *Psychology Today, 21*, 36–39, 42–44.

Lankton, S. R., & Lankton, C. H. (1983). *The answer within: A clinical framework of Ericksonian hypnotherapy*. New York: Brunner/Mazel.

Lazarus, A. A. (1977). *In the mind's eye*. New York: Rawson.

Lazarus, A. A. (1989). Multimodal therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapy* (4th ed.) (pp. 503–544). Itasca, IL: Peacock.

Luria, A. (1968). *The mind of mnemonist*. New York: Basic Books.

Maslow, A. H. (1991). Experiential exercises for gratitude. *Journal of Humanistic Education and Development, 29*, 121–122.

Masters, W. H., & Johnson, V. E. (1970). *Human sexual inadequacy*. Boston: Little, Brown.

Maultsby, M. C., Jr. (1977). Rational-emotive imagery. In A. Ellis & R. Grieger (Eds.), *Handbook of rational-emotive therapy* (pp. 225–230). New York: Springer.

Maultsby, M. C., Jr. (1984). *Rational behavior therapy*. Englewood Cliffs, NJ: Prentice-Hall.

Mckay, M., Davis, M., & Fanning, P. (1981). *Thoughts and feelings: The art of cognitive stress intervention*. Richmond, CA: New Harbinger.

Mills, J. C., & Crowley, R. J. (1986). *Therapeutic metaphors for children and the child within*. New York: Brunner/Mazel.

Napier, A. Y., & Whitaker, C. A. (1978). *The family crucible*. New York: Bantam Books.

Newton, F. B. (1976). How may I understand you? Let me count the ways. *The Personnel and Guidance Journal, 54*, 257–260.

Papp, P. (1976). Family choreography. In P. J. Guerin, Jr. (Ed.), *Family therapy: Theory and practice* (pp. 465–479). New York: Gardner.

Perls, F. (1969). *Gestalt therapy verbatim*. New York: Bantam Books.

Pope, K. S., Singer, J. L., & Rosenberg, L. C. (1984). Sex, fantasy and imagination: Scientific research and clinical applications. In A. A. Sheikh (Ed.), *Imagination and healing* (pp. 197–210). Farmingdale, NY: Baywood.

Rainwater, J. (1979). *You're in charge! A guide to becoming your own therapist*. Los Angeles: Guild of Tutors Press.

Richardson, A. (1969). *Mental imagery*. London: Routledge & Kegan Paul.

Rossman, M. L. (1984). Imagine health! Imagery in medical self-care. In A. A. Sheikh (Ed.), *Imagination and healing* (pp. 231–258). Farmingdale, NY: Baywood.

Schultz, K. D. (1984). The use of imagery in alleviating depression. In A. A. Sheikh (Ed.), *Imagination and healing* (pp. 129–158). Farmingdale, NY: Baywood.

Sheikh, A. A., Sheikh, K. S., & Moleski, L. M. (1985). The enhancement of imaging ability. In A. A. Sheikh & K. S. Sheikh (Eds.), *Imagery in education* (pp. 223–239). Farmingdale, NY: Baywood.

Shorr, J. E. (1977). *Go see the movie in your head*. New York: Popular Library.

Siegel, B. S. (1986). *Love, medicine & miracles*. New York: Harper & Row.

Skovholt, T. M. (1981). *Career Imagery Card Sort*. Minneapolis: University of Minnesota.

Skovholt, T. M., Morgan, J. I., & Negron-Cunningham, H. (1989). Mental imagery in career counseling and life planning: A review of research and intervention methods. *Journal of Counseling and Development, 67*, 287–292.

Skovholt, T. M., & Thoen, G. A. (1987). Mental imagery in parenthood decision making. *Journal of Counseling and Development, 65*, 315–316.

Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small-group development revisited. *Group and Organizational Studies, 2*, 419–427.

Weinhold, B. K. (1987). Altered states of consciousness: An explorer's guide to inner space. *Counseling and Human Development, 20*, 1–12.

Wilson, G. T. (1989). Behavior therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (4th ed.) (pp. 241–282). Itasca, IL: Peacock.

Witmer, J. M. (1985). *Pathways to personal growth*. Muncie, IN: Accelerated Development.

Witmer, J. M., & Young, M. E. (1985). The silent partner: Uses of imagery in counseling. *Journal of Counseling and Development, 64*, 187–190.

Witmer, J. M., & Young, M. E. (1987). Imagery in counseling. *Elementary School Guidance & Counseling, 22*, 5–16.

Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, CA: Stanford University Press.

5

The Visual Arts and Counseling

When all my clients have left the office
I quietly turn off the overhead lights
and watch a fading afternoon sun
patiently spreading gold-tinged hues
slowly across my cluttered desk
and onto a wooden floor canvas.
That moment fills me with a sense of awe
for quiet light and moving life.
Walking in shadows I picture past sessions
and wonder if lives I so fleetingly touched
will dare envision a personal art
brushed in the beauty and grace of time.

(Gladding, 1975, p. 230)

THE VISUAL ARTS ARE DEFINED as those processes within the realm of art that focus on representing reality visually. As such the visual arts include painting, drawing, photography, and sculpture. Knowledge of human history is often "a result of the work of the artist or artisans of particular times and cultures" and it is through works of art that the health of a society is gauged (Nadeau, 1984, p. 62). It is through artistic expression, too, that individuals experience more unified and meaningful lives, whether they be the creators or the observers (Maslow, 1991).

Hieroglyphics

From prehistoric times, there has been a tendency on the part of humans everywhere to portray their world through visual means. Cave drawings and impressionistic painting are two examples of this way of bringing form to feeling and concreteness to perception. Ancient Egyptian writing—hieroglyphics—is another example. It is an excellent representation of how pictures of objects, such as animals, trees, and birds, were first visualized as words.

"To Plato, the artist was one of those endowed by the gods with a 'divine madness'" (Esman, 1988, p. 13). However, other philosophers and counselors viewed the relationship between the visual arts and mental health more negatively, exemplified by the first attempted scientific study of the mentally ill and art in the late 19th century by the German psychiatrist Hans Prinzhorn (1972). In Prinzhorn's research, approximately 5,000 pieces of art were collected from psychiatric patients all over Europe, and a link between artistic expression and mental instability was hypothesized.

Despite the ideas of Prinzhorn and popular myths, for the most part the visual arts have been instrumental in fostering the growth of culture and the mental health of people. "The way we perceive visually is directly related to how we think and feel" (Rhyne, 1973, p. 242). The visual arts have a lasting effect that often inspires and touches universal themes resulting from interpersonal encounters and individual struggles. Grace, beauty, harmony, balance, and rhythm are but a few of the underlying qualities expressed in visual art (May, 1953).

"Human life can . . . be likened to the work of any artist, who, facing empty canvas or shapeless clay, transmutes it into pleasing forms. At first, the picture or statue exists only as the artist's imaginative experience. When . . . done, [the] private image is transformed into a public perception" (Jourard, 1971, p. 92). This chapter will deal both with the perception and the product of visual art and human life.

Premise of the Use of Visual Arts in Counseling

The idea of using the visual arts in counseling sprang from the work of Margaret Naumberg and Edith Kramer. Naumberg (1966), an educator, considered art an essential component of education as well as a means of diagnosis and therapy. Kramer (1971)

conceived of art more as a means of controlling, managing, and integrating destructive impulses and conflictual feelings. Kramer saw art as therapeutic in and of itself, whereas Naumberg was more prone to view art as symbolic of the person behind the work (Rubin, 1980). In essence, both developers of this approach to helping made valid points in their respective emphases.

Now, as then, the visual arts offer many mental health benefits for their users (Nadeau, 1984). First, they tap the unconscious and help individuals express their covert conflicts. The visual arts are closer to the unconscious because visual perceptions are more archaic than cognitive or verbal expression (Freud, 1923). It is through the visual arts that people realize and own the multitude of emotions that live within themselves. Art as a therapy "is an integrative approach utilizing cognitive, motor, and sensory experiences" (Tibbetts & Stone, 1990, p. 139).

A second advantage of the visual arts is that they symbolize feelings in a unique, tangible, and powerful way (Nichols, 1984). The visual arts, unlike talk therapies, assist people in picturing themselves or their situations in a concrete manner. For instance, abused children "typically portray the weather as disproportionate and/or excessive in size, and as falling on contents of the drawing" (Manning, 1987, p. 15). "Expressing one's thoughts through art is one way to externalize a distressing event and to prepare for healing and recovery" (Howe, Burgess, & McCormack, 1987, p. 35). Clients in such cases are more likely to be in a position to make changes depending on what they see. Thus by employing the visual arts in counseling a visible trail is created.

A third reason for using the visual arts in counseling is that they inspire people and help them to become more connected with the transcendent and growth sides of their personalities (Mills & Crowley, 1986). Clients who can envision through paintings, drawings, and sculptures what they have accomplished over a period of time or what they could become are more likely than not to stay with the process of change until they are satisfied with their progress. Thus, through the use of the visual arts hope is created that represents a chance for new growth that might not be achieved through traditional verbal counseling. The visual arts in counseling help "increase self-esteem by facilitating self-awareness" (Tibbetts & Stone, 1990, p. 140).

A fourth premise behind using the visual arts in counseling is that many art tasks, especially those used with children, are "usually perceived as nonthreatening and self-interpreted" (Riley, 1987, p. 21). They engage clients from the very first session and help them identify goals for counseling. The arts help clients reveal problems that are sometimes difficult to talk about such as family violence, abuse, and contemplated suicide.

A final reason for using the visual arts in counseling is that they can easily be combined with other creative arts such as movement, writing, and meditation (Steinhardt, 1985). The flexibility of this medium is outstanding and the results can be kept as reminders of healing.

Practice of the Use of Visual Arts in Counseling

Visual arts are used in counseling throughout the life span. Despite the fact that many people state that they cannot draw, the visual arts appeal to numerous clients.

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Many standard psychological projective tests, such as the Draw-A-Person Test (Machover, 1949) and the House-Tree-Person Test (Buck, 1948), make use of clients' artistic abilities to express how they perceive and feel about the world. In addition, other projective tests, such as the Rorschach and the Holtzman Ink Blots, make use of artistic-like forms.

In setting up situations for using the visual arts in counseling, the best quality art materials should be purchased so that clients who might otherwise be intimidated by the use of these mediums will become more relaxed and creative (Nadeau, 1984). Other considerations important to visual art counseling sessions are sufficient space, quiet, freedom of movement, encouragement, and time. It is essential for those who assist in visual art therapy to be patient. Just as great art takes time, so does psychosocial change. It may take several sessions before clients actually begin to enjoy and benefit from visual art experiences. Even more delayed at times is clients' ability to integrate art into their lives in a productive way through owning what it symbolizes for them.

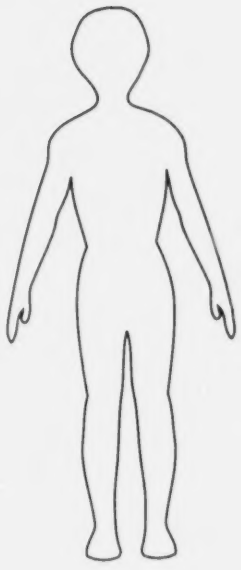
Most counselors who use the visual arts in their work have received special training. Those who earn a master's degree with a concentration in art therapy from a program approved by the American Art Therapy Association are eligible to become "art therapist registered" (ATR), provided they accumulate 1,000 hours of paid art therapy experience (Wadeson, 1987b). Other professionals who do not wish this credential compensate for the lack of overall training by concentrating their practice on specific areas in using the visual arts in which they are competent. Visual art practitioners participate in many activities, illustrated by some of the following.

Published Pictures

One way of introducing and using the visual arts in counseling is through making the most of already-existing artwork. This approach arouses minimum anxiety in clients and it encompasses a variety of artwork that is familiar to them. In addition, "there is an inexhaustible storehouse and variety of such images in this world: published pictures that appear in magazines, newspapers, and other periodicals, in books, on greeting cards and postcards, and as posters and art prints" (Comfort, 1985, p. 245). Such "found" images provide an excellent basis for familiarizing clients with ways of understanding and communicating "how it feels to be a certain unique human being who holds an idiosyncratic world-view" (Comfort, pp. 245–246).

Body Outline Drawings

Another universal way visual art can be introduced in counseling is through body outline drawings. These drawings are made when a person's body is literally traced on paper while the person lies spread out on the floor. After the drawings are completed, individuals can decorate them in any way they wish, from a literal to a figurative form (Steinhardt, 1985). Sometimes in such an endeavor clients, especially children, reveal indirectly troublesome aspects of their lives that can later be discussed.



Body Outline

Serial Drawing

The idea behind the use of serial drawing is that through daily unstructured drawings clients will symbolically represent themselves and their problems to counselors. By working in a positive transference manner that involves a talk component, a positive self-concept emerges in these individuals and behavior change occurs (Allan, 1978). This approach is Jungian-based and requires patience and an intuitive timing as to what to say or do and when.

Paint and Clay

Being able to use a variety of paints and clay is essential to the process of employing the visual arts in counseling. Colors make pictures come alive, and the type of materials selected for artwork is crucial because of its impact or lack thereof on the creator of the work and on others. A further important element in using the visual arts is getting a feel for them and what they can do. Working in clay promotes this and, in addition, fosters cooperation between clients.

Specific ways that the visual arts can be used in counseling with certain populations are highlighted in the next section of this chapter.

Visual Arts in Counseling With Specific Populations

Children

"The art work of children, when it is an expression of their simple and honest feelings, is almost always beautiful" (May, 1953, p. 190). However, children are often the victims of abuse or other forms of mistreatment. In these situations their art may reflect more pain than pleasure. Yet, it is still a vital link in helping them regain their health and build constructive lives.

There are several ways to gather information from children about their mental health through the visual arts. One is through drawing. Besides the standardized psychological instruments referred to earlier (i.e., the Draw-A-Person and House-Tree-Person), the counselor can use several other approaches. For instance, children may be asked to draw a circle and then to color different parts of the circle to represent various feelings, such as "smart," "dumb," "good" or "bad" (Hughes, 1988). Drawing in such a manner helps children become more aware of how they see themselves and opens up concrete avenues for them to use in talking about their feelings.

A second type of preventive approach most counselors can use is to have children display feelings in sculpture, clay, or other art projects (Gerler, 1982). In this exercise a counselor teams up with an art teacher. The results may vary from ripped up paper spread across the floor to represent anger, to a drawing of a sad face with paper clip tears to symbolize sadness, to decorated bags with artful objects of string, ribbons, candy, and cotton balls pasted on to show happiness.

A third technique, mentioned earlier, that is based on Jungian theory (and usually carried out by an art therapist) is "serial drawing . . . a therapeutic approach whereby the counselor meets on a regular basis with the child and simply asks the child to 'draw-a-picture'" (Allan, 1988, p. 20). In this process, which takes place over an extended period of time (at least 10 sessions), a therapeutic alliance and rapport develop between the counselor and the child, and a sanctuary where growth, development, and healing can occur is created as well (Jung, 1965, 1966). One variation of this approach is the "rosebush" (Allan & Crandall, 1986). In this exercise, the child is simply asked to draw a rosebush every time he or she meets with the counselor. The rosebush is symbolic of the child's mental health, and changes in drawings indicate positive movement or distress within the child.

Rosebush—Healthy

A final procedure that can help counselors and children understand family dynamics more readily through art is the family drawing/storytelling technique (Roosa, 1981). This procedure is used as a part of a larger process and is employed with children under the age of 10. It has four steps:

1. Children draw their families, including themselves, on a sheet of white paper;
2. They make up a story of what the family is doing in the picture;
3. They draw on a separate sheet of paper any family member that may have been left out of the original picture, e.g., a divorced parent or a family pet; and
4. After all of the drawings are photocopied and cut out, children (on a one-to-one basis) tell the counselor stories about small group family interactions using the cutouts as symbolic representations.

Adolescents

The use of the visual arts with adolescents varies depending on the age of the group and the situation that needs addressing. For young adolescents, structured art experiences related to counseling may be most appropriate. In fact, a positively directed program of this sort is sponsored each year by the National Career Development Association (NCDA). It is a poster contest for children and young adolescents where they draw pictures of various career opportunities and are encouraged through the awarding of prizes to think about their vocational future. Two other activities for this age group include:

Active and Passive Photography

Amerikaner, Schauble, and Ziller (1980), Gosciewski (1975), and Schudson (1975) formulated photo counseling methods appropriate for use with adolescents. These include active methods, where actual pictures are taken and talked about, and more passive processes, where already-developed pictures are displayed and discussed. In both of these procedures, the photographs help personalize the counseling process while promoting self-awareness and increased sensitivity. In the active process adolescents actually take pictures of themselves or symbolic representations of their environment and mount the pictures on poster board. They then describe their life and feelings to the counselor, including their emotions in completing the assignment. In the more passive approach pictures that have already been taken are collected and displayed, and adolescents reflect on the times these pictures represent. Both the counselor and adolescent look for missing moments and significant themes that are represented or may be absent.

Painting Dreams

In this visual art approach adolescents are encouraged to draw and paint troublesome dreams. In this way the covert nature of the dream becomes more overt, and adolescents who participate in this activity gain a mastery over the dream content. Especially helpful here is "spontaneous painting," which can be akin to a dream and where one "abandons conscious control and allows the picture to appear" (Adamson, 1984, p. 37). A related activity that is not as threatening is the painting of daydreams. This latter activity often has positive results and enhances self-concept.

College Students

One of the healthiest and most innovative visual arts programs for college students is "Artbreak," sponsored by the Counseling Center and the Housing Office of the George Washington University (District of Columbia) for different groups at different times during the semester (Geller, Kwaplen, Phillips, Wiggers, Jordan, & Marcellino, 1986). This activity is held on campus, requires a minimum of 1 hour of time, involves minimal equipment (such as art media), and is centered around an open group experience. It is designed to: "(a) help students relax and release stress; (b) develop a sense of community through shared group experience; (c) air concerns about issues such as adjustment to college, roommates, and studies; (d) gain self-awareness; and (e) awaken creative energies" (Geller et al., p. 230). Sometimes professionals working with students suggest themes, but often they do not. The same is true for discussion about what students create.

Some of the various forms that "artbreak" takes are:

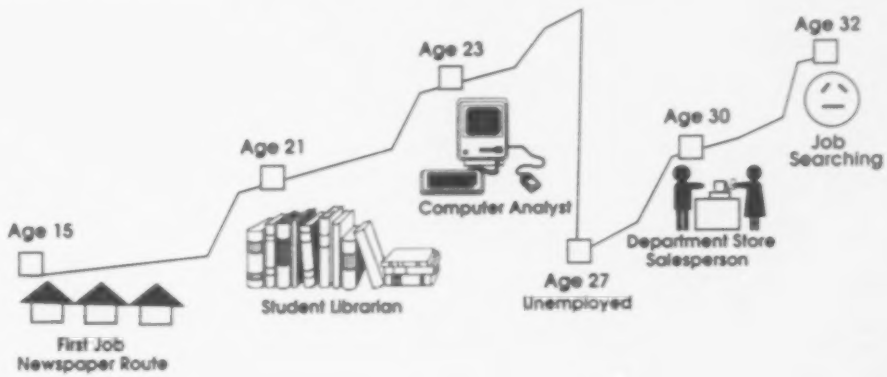
- a group mural, where long pieces of paper are hung on walls and various art materials are distributed and used;
- a clay group, where students work in a structured small circle on individual clay pieces and then are encouraged by the group leader (an art therapist) to tell the group about their work and the experience as a whole; and
- individual drawings of situations, where pressures that have built up can be therapeutically released in a harmless and sometimes humorous way.

Adults

As a group adults are reluctant to use the visual arts outside of already-published pictures. The reason is that most adults do not have very refined artistic skills and they feel embarrassed trying to express themselves in such a way. However, employing art as part of a counseling treatment plan can be most beneficial. Introducing adults to classic paintings and having them reflect and sometimes write about how a particular piece of art affects them is an effective method for fostering insight and promoting growth. The inclusion of the arts in counseling a mildly mentally retarded adult has also been shown to be positive by helping to reduce maladaptive behaviors and increase internal locus of control (Bowen & Rosal, 1989).

Counselors can use the artwork of adults in helping them obtain the type of treatment they need. For instance, the drawings of depressed adults show more empty space, less color, less investment of effort, and either more depressive affect or less affect than do drawings of well-functioning adults (Wadeson, 1980).

Likewise, counselors can use art in a prosocial way to help their adult clients plan their lives better. For example, in career counseling, adults often are helped if they gain a sense of direction about where they have been and where they are going. At least two types of pictures can be drawn in such cases. One is a "road map" where clients paint or draw their life path and career influences in the same manner that they map out directions to a specific destination (Liebmann, 1986). In this procedure the client may also pencil or color in any scenes or particular moments along the way. The idea in this visual art exercise is to give adults free reign to evaluate the factors that have most heavily influenced them and then symbolize these events and people in a form where the past, present, and future can all be viewed together. In such an experience adults can get a feel for what may lie ahead if they do not think through their plans (Campbell, 1974).



Career Road Map

The second type of drawing that can be utilized in such situations is known as "windows." In this experience clients are asked to draw a window. They are then asked to draw scenery in regard to the window, either looking from the outside in (i.e., interiors) or from the

inside out (i.e., landscapes). Counselor and client then discuss the type of window drawn and the view, especially as they relate to issues and directions in life (Gladding, 1991).

The Elderly

Using the visual arts in counseling is an excellent therapeutic approach to employ with many elderly clients. The visual arts can take many forms with this population. Two of the best are described here.

Photographs and Memories

The use of old photographs is an excellent way to help the elderly participate in the life review process that is so important to fostering a sense of ego integrity (Myers, 1989; Sweeney, 1988). The procedure used in introducing this activity can vary depending on the setting in which the counselor works. For example, if the counselor is employed in an older adult day care center, he or she can ask members of the center to bring in their photographs. On the other hand, the counselor may have to be more active and find some "representative photographs" if he or she is employed in an inpatient facility where clients do not have ready access to their personal possessions. Regardless, the idea in this process is to accentuate the positive when helping clients to call up early recollections and reframe negatives to promote the building of self-esteem.

Art on Occasions

Art on occasions is the indirect suggestion of an elderly art therapist, Maxine Toch Frankenfelder (1988). She began an art therapy program at age 73, and upon graduation worked in a psychogeriatric day treatment center. Her description of the experience reflects a great deal of versatility in using the arts. For example, in introducing art to her participants, she began by drawing a mandala and then drew circles within circles, which she colored. The group she worked with followed her lead and improvised also. On the occasion of many members' becoming ill, Frankenfelder asked members of her group to make greeting cards. At the termination of the experience she had members draw the "saddest pictures they could imagine, but add a ray of hope. The images ranged from a weeping willow with a bit of sunshine to a madonna and child" (p. 253). Thus using the visual arts with the elderly was a therapeutic way to help them show care for others and at the same time care for themselves.

Hospitalized Clients

Only about 2% of hospitalized individuals in psychiatric settings spontaneously undertake artistic activities (Esman, 1988). Those who either volunteer or who participate involuntarily are helped in several ways, most noticeably in gaining structure and control through such endeavors. Through artistic expression, hospitalized persons are able to visualize more clearly their fears and feelings. They can then talk more concretely about these disturbing elements in their lives and ways they can overcome or neutralize them. Sometimes clients draw pictures of themselves as people, and, in the process, see themselves more clearly and devise strategies for becoming more healthy.

Families/Couples

There are a number of structured ways to use the visual arts with families. "In the course of family therapy, a shared task such as a family drawing or mural" provides the counselor with an opportunity to "observe interactions, form a hypothesis about the family system, and plan interventions to alter dysfunctional sequences of behavior. By observing patterns of family behavior as well as the content of the art" counselors learn "about family members' relationships with each other and about the family system of which they are a part" (Riley, 1987, p. 21).

One way of working with families in an artistic endeavor is the "joint family scribble," where individual family members are asked to make scribbles and then to incorporate their scribbles into a unified picture (Kwiatkowska, 1967). In another technique, known as the "conjoint family drawing," the family is instructed to: "Draw a picture as you see yourself as a family." In this exercise, each family member draws a picture and then discusses the finished product with the rest of the family. Often members are surprised by the results and a lively discussion follows (Bing, 1970).

A third refined method of using the visual arts with families is the "symbolic drawing of family life space" (Geddes & Medway, 1977). In this procedure the counselor draws a large circle and then instructs the family to draw everything that represents aspects of the family, including members in relationship to each other, inside the circle. Persons and institutions not a part of the family are drawn outside the circle. As with the other visual arts exercises, the results of this procedure often get individuals within families talking to each other in new ways.

A final form of the family drawing is the Kinetic Family Drawing Test (KFD) where an individual "is asked to 'draw everyone in the family doing something.' In analyzing the drawing, the examiner looks for who is present and who is omitted or given a substitute. The relative size of the figures is important, in addition to their position and distance in relation to each other and any interaction" (Drummond, 1988, p. 154). The way a person portrays himself or herself is given special attention also.

Kinetic Family Drawing Test

The main drawback to using visual arts with families is that members may feel these experiences are artificial and gimmicky and thus have no real-life value

(Nichols, 1984). When such is the case, there is a release of emotions within a session, but no transfer of learning to actual life situations.

Visual Arts in Counseling With Other Creative Arts

The visual arts can be combined with other creative arts in counseling in numerous ways. Geared to counselors themselves, a book written and illustrated by Mary Joe and Joey Hannaford (1979), entitled *Counselors Under Construction*, graphically depicts what it is like to become a counselor, especially in the schools. Literature, music, and psychodrama are three primary ways to combine visual art with other expressive arts and they will be examined here.

Literature

One way to link the visual arts with literature is to read a piece of literature, such as a poem or a short story, and then ask clients to draw main events or characters as they perceived them from their reading. This exercise may be especially exciting for preadolescents. It gives them a paper trail of images by which to remember a story and an experience.

Another way to combine art with literature is by creating an illustrated text about one's experiences in difficult situations. This type of book is strong in showing feelings, but it contains words also. The *Pain Getting Better Book* is an example of a book of this nature. It has participants objectify their pain through drawings, which simultaneously helps them tap their inner resources (Mills & Crowley, 1986). Thus it empowers participants while helping them discover the best within themselves.

Yet a third way of combining art and literature is by uniting writing and painting. Either the words or the art can come first, but in the case of Harriet Wadeson (1987a), words in the form of poetry about midlife prompted this professional to paint. The result was a graphic and creative expression of the author/artist's perceptions about making the transition into another stage of life. The beauty of the experience was not only in the meaning it gave the creator but in the symbols and guidance it left as a legacy for other women facing similar situations.

Music

Clients find it fun and exciting to draw images that certain sounds in music evoke in them. For instance, classical music may evoke placid scenes and flowing lines whereas staccato music such as rap or disco may inspire action scenes or sharp, jagged lines (Fisher, 1989; Witmer, 1985). One way of drawing to music is for clients to arrange music they like in a certain order and then draw to the music they enjoy (Mills & Crowley, 1986).

Music and art may be used educationally to document events and uplift spirits. A master of this procedure until his death in 1990 was Paul Fitzgerald at the University of Florida, who would take photographs at professional meetings, such as the conventions of the Association for Counselor Education and Supervision, and at the end of the conference would display slides of his photographs set to the beat of contemporary music by such individuals and groups as Bob Dylan, Elton John, Barbra Streisand, the Beatles, and Styx.

Psychodrama

Visual art is not usually combined with psychodrama, and the difficulty of linking these modalities is challenging. In an experimental program involving termination and transition for a psychiatric day treatment program, it was suggested that art activities be used as a focus for role plays and psychodrama (Dallin, 1986). The nonverbal quality of producing visual art may serve as a "warm up" for enacting scenes connected with the action on a verbal level. The key bridge in this experience is having participants verbally process their art experiences before proceeding to act on them.

The idea behind these varied experiences is that through combining visual art with other artistic forms clients come to see themselves more clearly, experience themselves in a different way, and are able to talk about themselves with new understanding.

Summary

The visual arts have been a valuable asset to humankind throughout recorded history and even before. People represent their worlds visually, not just in their minds, but in drawings, sculpture, and photographs. When individuals come to face and understand the concreteness of what they have created as a visual art, they are often awakened to a new sense of self and deeper understandings of their intra- and interpersonal relationships. Thus the arts stir up feelings and open up possibilities.

In this chapter several forms of the visual arts, including drawing, sculpture, and photographs, have been examined in regard to their therapeutic use in counseling with a number of specific populations. It is obvious that not everyone can be artistic in expression, but the visual arts also lend themselves to being used in an already-completed form. Thus versatility, not necessarily ability, can engender change that comes about from employing visual arts methods. Overall, the use of the visual arts is open to a wide variety of expressive forms.

References

Adamson, E. (1984). *Art as healing*. London: Coventure.

Allan, J. (1988). *Inscapes of the child's world*. Dallas, TX: Spring.

Allan, J., & Crandall, J. (1986). The rosebush: A visualization strategy for possible identification of child abuse. *Elementary School Guidance & Counseling, 21*, 44–51.

Allan, J. A. B. (1978). Serial drawing: A therapeutic approach with young children. *Canadian Counsellor, 12*, 223–228.

Amerikaner, M., Schauble, P., & Ziller, R. (1980). Images: The use of photographs in personal counseling. *The Personnel and Guidance Journal, 59*, 68–73.

Bing, E. (1970). The conjoint family drawing. *Family Process, 9*, 173–194.

Bowen, C. A., & Rosal, M. L. (1989). The use of art therapy to reduce the maladaptive behaviors of a mentally retarded adult. *Arts in Psychotherapy, 16*, 211–218.

Buck, J. (1948). The H-T-P test. *Journal of Clinical Psychology, 4*, 151–159.

Campbell, D. (1974). *If you don't know where you're going, you'll probably end up somewhere else*. Niles, IL: Argus Communications.

Exercises

1. As an initial "icebreaker" in group or family therapy, spread a large sheet of paper on the floor and ask members to paint a cooperative picture with the materials you have provided, such as crayons or tempera paint. After the group has worked on the project for about 20 minutes, have each member talk about the finished work and his or her part in it. Have members relate to one another during this time also. Try to link the feelings and experiences in the session project with parallel events in regular group or family life.

2. In between counseling sessions have clients make masks using a grocery bag as the material on which the final product is built. Discuss with clients the shapes, colors, and unique features of the masks and then have them put on the masks and act in a way that they think represents the spirit of the mask. Process the experience, especially in light of any new behaviors or emotions that clients display.

3. Make a collage of your life out of photographs and words from newspapers, or from pictures and words out of magazines if photographs and newspapers are not available. Allow 1 hour to complete the project, and then on a second day allow another hour for reflection or for refining your work. Present your collage to a trusted friend or colleague and talk about what you have learned about yourself and how you think you might use this method therapeutically.

Comfort, C. E. (1985). Published pictures as psychotherapeutic tools. *Arts in Psychotherapy, 12*, 245–256.

Dallin, B. (1986). Art break: A 2-day expressive therapy program using art and psychodrama to further the termination process. *Arts in Psychotherapy, 13*, 137–142.

Drummond, R. J. (1988). *Appraisal procedures for counselors and helping professionals*. Columbus, OH: Merrill.

Esman, A. H. (1988). Art and psychopathology: The message of outsider art. *American Journal of Art Therapy, 27*, 13–21.

Fisher, P. P. (1989). *Creative movement for older adults*. New York: Human Sciences Press.

Frankenfelder, M. T. (1988). For later days—A fulfillment. *Arts in Psychotherapy, 15*, 251–254.

Freud, S. (1923). The ego and the id. In J. Strachey (Ed.), *The complete psychological works of Sigmund Freud. XIX*. London: Hogarth.

Geddes, M., & Medway, J. (1977). The symbolic drawing of family life space. *Family Process, 16*, 219–228.

Geller, S. K., Kwaplen, A., Phillips, E. K., Wiggers, T. T., Jordan, K., & Marcellino, I. (1986). "Artbreak": Innovation in student life programming. *Journal of College Student Personnel, 27*, 229–233.

Gerler, E. R., Jr. (1982). *Counseling the young learner*. Englewood Cliffs, NJ: Prentice-Hall.

Gladding, S. T. (1975). Twilight. *The Personnel and Guidance Journal, 53*, 230.

Gladding, S. T. (1991, April). *The well counselor*. Paper presented at the annual convention of the American Association for Counseling and Development, Reno, NV.

Gosciewski, F. W. (1975). Photo counseling. *The Personnel and Guidance Journal, 53*, 600–604.

Hannaford, M. J., & Hannaford, J. (1979). *Counselor under construction*. Atlanta, GA: Author.

Howe, J. W., Burgess, A. W., & McCormack, A. (1987). Adolescent runaways and their drawings. *Arts in Psychotherapy, 14*, 35–40.

Hughes, J. N. (1988). Interviewing children. In J. M. Dillard & R. R. Reilly (Eds.), *Systematic interviewing* (pp. 90–113). Columbus, OH: Merrill.

Jourard, S. M. (1971). *The transparent self* (rev. ed.). New York: Van Nostrand Reinhold.

Jung, C. G. (1965). *Memories, dreams, reflections*. New York: Random House.

Jung, C. G. (1966). *The collected works. Vol. 16. The practice of psychotherapy*. Princeton: Princeton University Press.

Kramer, E. (1971). *Art as therapy with children*. New York: Schocken Books.

Kwiatkowska, H. Y. (1967). Family art therapy. *Family Process, 6*, 37–55.

Liebmann, M. (1986). *Art therapy for groups*. Cambridge, MA: Brookline.

Machover, K. (1949). *Personality projection in the drawing of the human figure*. Springfield, IL: Charles C Thomas.

Manning, T. M. (1987). Aggression depicted in abused children's drawings. *Arts in Psychotherapy, 14*, 15–24.

Maslow, A. H. (1991). How to experience the unitive life. *Journal of Humanistic Education and Development, 29*, 109–112.

May, R. (1953). *Man's search for himself*. New York: Norton.

Mills, J. C., & Crowley, R. J. (1986). *Therapeutic metaphors for children and the child within*. New York: Brunner/Mazel.

Myers, J. E. (1989). *Infusing gerontological counseling in counselor preparation*. Alexandria, VA: AACD.

Nadeau, R. (1984). Using the visual arts to expand personal creativity. In B. Warren (Ed.), *Using the creative arts in therapy* (pp. 61–86). Cambridge, MA: Brookline.

Naumberg, M. (1966). *Dynamically oriented art therapy*. New York: Grune & Stratton.

Nichols, M. (1984). *Family therapy*. New York: Gardner.

Prinzhorn, H. (1972). *Artistry of the mentally ill*. New York: Springer.

Rhyne, J. (1973). *The Gestalt art experience*. Belmont, CA: Wadsworth.

Riley, S. (1987). The advantages of art therapy in an outpatient clinic. *American Journal of Art Therapy, 26*, 21–29.

Roosa, L. W. (1981). The family drawing/storytelling technique: An approach to assessment of family dynamics. *Elementary School Guidance & Counseling, 15*, 269–272.

Rubin, J. (1980). Art in counseling: A new avenue. *Counseling and Human Development, 13*, 1–12.

Schudson, K. R. (1975). The simple camera in school counseling. *The Personnel and Guidance Journal, 54,* 225–226.

Steinhardt, L. (1985). Freedom within boundaries: Body outline drawings in art therapy with children. *Arts in Psychotherapy, 12,* 25–34.

Sweeney, T. J. (1988). *Adlerian counseling: A practical approach for a new decade.* Muncie, IN: Accelerated Development.

Tibbetts, T. J., & Stone, B. (1990). Short-term art therapy with seriously emotionally disturbed adolescents. *Arts in Psychotherapy, 17,* 139–146.

Wadeson, H. (1980). *Art psychotherapy.* New York: Wiley.

Wadeson, H. (1987a). Pursuit of the image: Painting from poetry in a personal mid-life odyssey. *Arts in Psychotherapy, 14,* 177–182.

Wadeson, H. (1987b). *The dynamics of art psychotherapy.* New York: Wiley.

Witmer, J. M. (1985). *Pathways to personal growth.* Muncie, IN: Accelerated Development.

6

Literature and Counseling

In the morning light I write of you
as my dreams fade to memories
in the midst of winter's chill
and the smell of fresh-brewed coffee.
In the noonday rush I think of you
as I log frail thoughts into a dog-eared journal
during silence preceding the joining of friends
for lunch and the taste of fresh insights.
At home, past dusk and after traffic, I read about you
some words from my pen, some from more intimate admirers.
At bedtime as I lie down
my head dances with plans and emerging feelings
In that knowledge which is your presence
my life becomes more open
like a book in progress
I live with you in lines through time.

(Gladding, 1990)

COUNSELING IS A PROFESSION directly related to personal and societal health and happiness. As such it is informed by numerous artistic traditions that describe human nature. One of the most powerful means of comprehending human life to the fullest is found in the written words of poets, novelists, and biographers. In essence, counseling is an art and "a science of experience, not only from formal research and case conferences, but from literature . . . . Without Shakespeare's plays, Dostoyevsky's novels, or James's short stories, our knowledge of anguish and conflict would be hollow, our self-revelations would be one-dimensional" (Kottler, 1986, p. 35).

Sometimes troubled individuals have been able to help themselves through writing or reading selectively or systematically. Sometimes, though, they have needed guidance from counselors about how to write or what to read. In both situations, the results have been manifested in the mending of broken spirits and the restoration of hope and wholeness. It is interesting to note that some of the primary writers and consumers of literature throughout history have been physicians, such as John Keats, Anton Chekhov, A. J. Cronin, William Carlos Williams, Robert Seymour Bridges, and Walker Percy (Barbour, 1991; Kolodzey, 1983). The connectedness between health, healing, and literature is significant.

In this chapter the premises behind and the practice of using literature in counseling will be examined. Suggested methods to employ when combining these two traditions will be highlighted also. The findings of statistical research and case studies supporting this procedure will be explored. Much of what is being done in the domain of integrating literature and counseling needs more verification, and making this art form more uniform in practice is a procedure where work is essential (Hynes & Hynes-Berry, 1986).

Premise of the Use of Literature in Counseling

The therapeutic use of literature as a healing tool is known as "bibliotherapy," or "bibliocounseling." The concept of employing literature from poetry to science fiction in this way "is as old as Aristotle's discussion of catharsis" (Hynes & Hynes-Berry, 1986, p. iii). It is a way of working through grief (Berger, 1988; Heninger, 1987), improving socialization, and increasing self-actualization (Gold, 1988). As opposed to reading done for diversion or practical purposes, "bibliotherapy is directed to disordered states" (Alekseychik, 1989, p. 19). It is aimed at assisting people gain control over their lives and situations through identifying with others and finding solutions that are unique and universal. As such it provides both inspiration and solace (Riordan & Wilson, 1989).

Bibliotherapy is practiced on one of three levels—institutional, clinical, or developmental (Rubin, 1978). At the institutional level, those who receive treatment are generally disturbed and the material used is traditionally didactic. At the clinical level, clients receiving services have moderate emotional or behavioral problems, and the material presented is imaginative. Finally, at the developmental level, the emphasis of the experience is on "normal" people, and the material used is flexible, ranging from imaginative to didactic (Gladding & Gladding, 1991).

At its best bibliotherapy is interactive in style. It is therefore defined as "a therapeutic modality in which guided discussion of literature, other media material and/or creative writing by the participant or group is used to achieve prescribed therapeutic goals" (Rossiter

& Brown, 1988, p. 158). The type of literature employed and the way it is handled depends on the problems to be resolved and how thoroughly clients wish to achieve certain outcomes. Often counselors prescribe self-help, behaviorally based books such as *Your Perfect Right* and *What Color Is Your Parachute?* because the results of reading them can be more readily measured than those of reading fiction or inspirational works (Riordan & Wilson, 1989).

Basically, bibliotherapy involves a four-step process based on several nonexclusive premises. The way the process is handled is related to whether a person is primarily writing or reading literature, but some of the procedures apply regardless.

The first premise is that when clients read or write, the counselor can help them realize more fully the multiple emphases behind counseling as a profession. Furthermore, participating in these processes can assist individuals in making significant discoveries about themselves as persons. For example, a great deal of poetry expresses subtle and overt psychological insights about life situations that are related to counseling themes (Chavis, 1986). By reading and discussing such material with counselors, clients may come to personalize aspects of the poetry into their own lives and "incorporate the Freudian insight about telling [their] story as it was, the Jungian insight of transforming it with a metaphor drawn from outside sources, and the Perlsian emphasis on the here-and-now action . . ." (Gorelick, 1987, p. 94). Counseling theories have a place in human growth and development but that focus is sometimes not emphasized strongly. Literature, especially poetry, helps highlight the importance of counseling traditions in understanding life. Poetic literature from John Donne to Gladys Wellington emphasizes the many roads to actual client change and the difficulty and thrill of getting to and through life stages.

The second premise of including literature in counseling is that in some literary processes, such as writing, there is therapeutic release and relief. Writers often begin expressing themselves because of a problem in their own lives. Their desire is to find a resolution through writing. The result of their writing "consists of the deeper and wider dimension of consciousness" to which they are carried "by virtue of . . . wrestling with the problem" (May, 1969, pp. 170–171). Thus, what is produced is not only a literary and artistic work but "genuine self-realization" that carries writers past innocence and into an existential dimension of life from which they can never emerge again the same as before entering it (May, p. 172).

The third premise behind the inclusion of literature in counseling is that through reading literature for therapeutic reasons, "true self-knowledge" and a greater understanding of the world emerge (Hynes & Hynes-Berry, 1986, p. 1). Clients realize that their problems are universal and that they share a connectedness with many other people (Leedy, 1985; Lerner, 1978). Thus such an experience gives comfort to individuals who may otherwise be restless and myopic in viewing their circumstances.

The fourth and last reason for including literature in counseling is that either through reading or writing, more constructive and positive thinking and creative problem solving are generated (Watson, 1980). Reading and writing are relaxing and playful activities that allow participants to engage in using imagery and developing divergent and novel ways of resolving difficulties.

In the bibliotherapy process a triadic connection is fostered between: (1) literature (the primary tool), (2) participants, and (3) facilitators (counselors who help participants process the insights and knowledge they have obtained through reading to real-life situations). In such a relationship a "dual interaction" occurs where participants' responses to a piece of literature are enhanced or expanded because of their dialogues with facilitators (Hynes

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& Hynes-Berry, 1986). An example of this process at work is the use of prescriptive poems. This idea originated with Dr. Jack Leedy, a New York psychiatrist, who has his patients read specific poems in connection with certain disorders or problems. For example, for insomnia the person might read "Hymn to the Night" by Henry Wadsworth Longfellow, or for anxiety, the poem "I'm Nobody! Who Are You?" by Emily Dickinson (Kolodzey, 1983).

Bibliotherapy is a popular way of working with clients. Research suggests it will continue to be utilized and assessed even more in the future (Riordan & Wilson, 1989).

Practice of the Use of Literature in Counseling

Literature is used in counseling in numerous ways; the four main traditions will be highlighted here (the first three are client-initiated): (a) reading selected prosaic works, such as novels, autobiographies, and self-help books; (b) reading selected poetic works, such as classical or modern poems; (c) keeping a journal or writing an autobiography in whatever language form the writer wishes to use, such as telegraphic speech, poetry, reflective thoughts, descriptions of events, and (d) paying attention to the literary way clients express themselves in counseling, such as the use of select metaphors.

Reading Selected Prose

Reading prose entails reading any type of literature—from autobiographies to self-help books—that helps readers gain new ideas, insights, or information. For example, *The Wonderful Wizard of Oz* (Baum, 1963), a children's book with adult themes about the meaning of life, can be used in bibliotherapy for people of all ages and stages of development. This book, when read and processed thoroughly, can help participants in the bibliotherapy process become more attuned to themes of loss and identity within their own lives (Reiter, 1988). In this respect, the book works on a conscious and unconscious level to bring issues to the forefront of people's minds, and thus it transcends a literal interpretation.

Other books of prose that are stimulating range from Scott Peck's (1978) *The Road Less Traveled* to Flannery O'Connor's (1956) short story collection, *Everything That Rises Must Converge*. The beauty of these books is that they contain broad themes that can be discussed interactively with the counselor. Besides providing insight in the process of discussion, they can also stimulate readers to write their own parallel or novel works and gain greater knowledge of themselves through the experience.

Reading Poetry

The use of poetry in the counseling experience is well established. There is a group of counselor practitioners who are certified by the National Association of Poetry Therapy (NAPT) to practice this specialty; other professionals on occasion use poetry in their work, but are not certified or registered by NAPT. The work of both may have considerable overlap, although the training of a registered or certified poetry therapist is usually more thorough.

Poetry Therapy

The term "poetry therapy" describes the use of a wide variety of poetry in counseling, especially by trained poetry therapists. "The poetry therapist is one who is committed to the appropriate use of language in the healing process" (Lerner, 1988, p. 120). He or she is not interested in the creation of great literature (although classical or modern poetry such as that by Yeats, Keats, Shelley, Wordsworth, Tennyson, Hughes, and Ferlinghetti may be used). Rather, the poetry therapist is concerned with the proper expression of emotion. Thus, poetry that is written or used in poetry therapy may not be exemplary, although such works are "vivid in imagery and emotional impact" and express universal feelings (Chavis, 1986, p. 121).

In choosing poetic works for counseling, special attention is given to both form and content. Poetic form focuses on the rhythm of a poem and how compelling, appealing, and appropriate it is (Hynes & Hynes-Berry, 1986). "Verses tend to be clocked to a poet's body rhythms . . . and the poets we like best tend to be those whose body rhythms match our own" (Kolodzey, 1983, p. 67). Content is the "what" within the poem that makes it appealing or repelling to particular audiences. For instance, poetry therapists or counselors who use poetry rarely embrace didactic content because it has a way of turning people off rather than on by its "preachiness." Poems that are more open to discussion have a greater universal appeal (Lessner, 1974).

Journals/Autobiography

Keeping a journal (or log) of one's life or experiences about particular events (such as counseling) is an excellent way to discover what has been learned over time and how much growth has taken place. Journals record "reflections on and feeling-responses to present, personal experiences" (Hynes & Hynes-Berry, 1986, p. 188). They can be written in many forms, from the intensive journal process of Progoff (1975) to the poetic reflections of Carroll (1970). Group members and leaders may use logs to relive and reflect on experiences, become active in the group process, and give feedback to one another (Valine, 1983). Some of the more common forms of journal work include:

a. *The Period Log*—People are encouraged to define a recent period of their lives, reflect on their experiences and life events during that period, and record their feelings, impressions, and descriptions.
b. *The Daily Log*—This closely resembles a diary and serves as a running record of a person's subjective experience of his or her daily life.
c. *The Stepping Stones*—The most significant points of movement in a person's life are listed. These can help people see overall patterns and unconscious goals and motivations.
d. *The Dream Log*—This log is used to keep a record of dreams and dream themes and patterns.
e. *Twilight Images*—Thoughts and images that occur just before falling asleep are recorded. (Weinhold, 1987, p. 10)

In keeping a journal it is crucial that the material in it be reviewed on a regular basis to allow for reflection and insight. A good method to employ in such a review is to read journal entries every 2 or 3 days and spend the time that would normally be used at these times in writing by reflecting.

Writing an autobiography is usually a more formal and structured task than keeping a journal. A major advantage of writing an autobiography is that it "lets a person express what has been important in his or her life, to emphasize likes and dislikes, identify values, describe interests and aspirations, acknowledge successes and failures, and recall meaningful personal relationships. Such an experience, especially for the mature client, can be thought-provoking, insightful, and a stimulus for action. On occasion, the experience can also relieve tension" (Gibson & Mitchell, 1990, p. 278).

There is no "best method" that the writing of an autobiography should take because each person's life is unique. However, to be complete, an autobiography should include as much information as possible from as many different times in the client's life as feasible. Early childhood memories as well as current events add to the significance of such a work, and the more material that is included, the more likely it is that patterns will emerge and issues will arise that can be discussed and resolved.

Client Language/Metaphor

One of the main achievements of successful counselors is their ability to listen to and use the language of clients, a procedure known as *mimesis*. Such a process often involves hearing unique and universal metaphors clients employ and then using these figures of speech in select ways with clients to build rapport and foster change. "A metaphor is a figure of speech, containing an implied comparison—expressing one thing in terms of something else" (Meier, 1989, p. 29). Thus, clients who speak of being "wrapped up in rage" or "torn between two feelings" are conveying their ideas metaphorically. In such cases, counselors can help them "unravel" or "mend" by speaking the language used to "problem set" and then employing this language in select ways to "problem solve."

Literature in Counseling With Specific Populations

Children

Literature for children is usually written in the form of storybooks, fairy tales, and nursery rhymes (Bettelheim, 1976). Often these works are unique in their simultaneous presentation of a story through words and pictures (Coughlin, 1991). They frequently have accompanying video or audio tapes, thus children are exposed to the book content through a variety of stimuli. To use literature with young children effectively, counselors may employ as many complementary media devices as possible.

Children's literature usually focuses on teaching lessons "about how to handle most of the problems of childhood . . ." (Guerin, 1976, p. 480). Numerous books help instill courage and deal with the mastery of fears in this population, such as *The Little Prince*, *The Velveteen Rabbit*, *Where the Wild Things Are*, *The Tales of Peter Rabbit*, and *The Little Engine That Could*. Other texts, such as Dr. Seuss's *Yertle the Turtle* and *Gertrude McFuzz*, and videos by Mr. Rogers, teach basic lessons about interpersonal relationships. In addition, Sesame Street books and videos promote cognitive, affective, and prosocial learning in a style that is appealing and digestible for children.

Preschool children seem to benefit from mutual storytelling—an auditory means of written expression. In this approach, devised by Richard Gardner (1971), a counselor and client tell a story together. The counselor begins the story with a phrase, such as "Once

upon a time," and tailors his or her initial remarks to parallel the present situation of the client. The counselor then turns the story over to the client for telling. The counselor intervenes only when the client becomes stuck or asks for help, at which point the counselor adds neutral descriptive material or asks a question. The idea behind this activity is for the young client to hear and attempt to resolve concerns in life that are presently troubling. Kestenbaum (1985), among others, has found this technique effective in highlighting issues in the lives of children and helping them work through these matters in a non-threatening way. It seems effective for a wide range of ages.

Children of all ages benefit from writing also. Young children, for example, begin to see themselves and their worlds more clearly through written exercises. They mature in the process, and writing "seems to proceed hand in hand with psychological growth, to reflect and enhance it, to deepen and extend it, and often to quicken the process" (Brand, 1987, p. 274). Older children benefit as well.

Adolescents

Adolescence is a time of turmoil as young people search for identity. Therefore, literature serves a useful function in helping adolescents realize possibilities and meaning for their own lives. Biographies and autobiographies are especially relevant to this population, and such books as *Margaret Mead: A Life* by Jane Howard, *The Rise of Theodore Roosevelt* by Edmund Morris, or *No Direction Home: The Life and Music of Bob Dylan* by Robert Shelton are excellent in giving teenagers insight into what they can be and how they can grow. Other works that deal with life problems, such as *The Kids' Book of Divorce: By, For and About Kids*, are helpful too in offering a perspective on overcoming difficulties.

An interesting way of helping adolescents think through problem areas in their lives is the "therapeutic fairy tale" (Hoskins, 1985). In this exercise, adolescents are asked to participate in a pretend experience for a limited time. Specifically they are asked to image and:

a. set up a scene far from the "here and now" in time and place;
b. within this setting include a problem or a predicament;
c. include a solution to the problem that is positive and pleasing; and
d. write their story within a 6- to 10-minute time period.

They begin their tales with "Once upon a time" because that is how all fairy tales begin, but after this standard opening they are on their own. After the tale is written, adolescents share their stories either individually or in a group setting, depending on the counseling format. Particular attention is paid to how thorough the fairy tale is; the qualities of the main characters; the nature of the pleasing and positive ending and what contributed to it (e.g., skill, chance, luck); and the type of language used in creating the story. Counselors stress to participants, after this exercise, that the limited amount of time is symbolic of life in general and that they do not have unlimited time to work on life issues.

A third way literature is used with adolescents is by strategically discussing song lyrics and poetry related to life issues, especially careers. "Throughout the ages, poems and lyrics have moved people, and twentieth century youth have made lyrics a mainstay of their culture" (Markert & Healy, 1983, p. 104). Thus lyrics are "user friendly" for adolescents and can be employed to reach them in a way that other media cannot. A particular area where lyrical and poetic works are valuable is career decision making. Song lyrics ranging from those of James Taylor's "That's Why I Am Here" to folk songs such as "I've Been

Working on the Railroad" address life-style and employment issues and can be arranged to fit particular groups in regard to ability, interest, and sophistication.

Adults

Adulthood is filled with opportunities and questions. The opportunities are especially prevalent in careers, but the questions are often difficult because they deal with making the most of limited time. Like adolescents, adults may find both comfort and direction in literature. Books that deal with midlife and beyond, such as *Everything to Gain* by Jimmy and Rosalynn Carter and *How to Prepare for Your High School Reunion and Other Midlife Musings* by Susan Allen Toth, are constructive and offer wisdom and sometimes wit to those in the midst of life's journey.

Two other bibliotherapeutic processes for adults are "writing the wrongs" and "writing the rights" (Gladding, 1991b). In the first procedure, adults write out the wrong or disconcerting experiences they have had in life such as the unexpected death of a loved one, divorce, or the loss of physical or mental abilities. After describing the wrong, the clients then write the situation right not by changing the facts but simply by writing out what they have learned from the experience and how they have benefited or been made right (or better) from it. Some excellent examples of this procedure appear in the October 1988 issue of the *Journal of Counseling and Development*, which was devoted to critical incidents in the lives of counselors. Another excellent example of this procedure is a brief article on loss and resolution by Sue Chance (1988) in which she interweaves poetry, philosophy, and reality in a moving and dramatic way. Writing the rights is a similar experience to the preceding exercise, except that it entails writing out the good or positive in one's life and assessing what was learned from these experiences.

The Elderly

Reading or writing is often therapeutic for the elderly. It is an ancient healing art found throughout recorded history. One of the best non-Western personages to exemplify this therapeutic resource was Nezahualcoyotl (1402–1472), King of Texcoco, a city located approximately 20 miles northeast of modern Mexico City (Wasserman, 1988). In his struggle with his own mortality, Nezahualcoyotl wrote poetry as a way of working through despair and finding purpose in life.

In more recent history, the life review process has become a popular therapeutic tool in helping the elderly (Lewis & Butler, 1974). A life review involves having a person write his or her autobiography using family albums, old letters, personal memories, and interviews with others in order to gather and integrate life experiences into a meaningful whole. Ideally the result of this effort produces wisdom and satisfaction while alleviating pain and regrets.

Another literary way of working with the elderly involves reading works by those within their age span. Books by Koch (1977), such as *I Never Told Anybody: Teaching Poetry Writing in a Nursing Home*, and by Kaminsky (1974), such as *What's Inside You It Shines Out of You*, illustrate the creative potential of older adults and their insightful wisdom. Furthermore, reading these works helps to sensitize the elderly, and those who work with them, to facts and feelings about aging, thus creating understanding and empathy as well as providing enjoyment.

Group Work

Groups are a very popular setting for using literature. Creative writing exercises help heighten the use of language and emotion within a group (Wenz & McWhirter, 1990). "At present time, group therapy seems to be the setting in which poetry is most frequently used as a therapeutic tool" (Chavis, 1986, p. 121). Psychiatric groups, which are usually open-ended and contain different people each time, are prone to use poetry and other literary works to generate a common bond at the start of the group session and to stimulate the expression of emotions. Groups, especially self-help groups, such as Alcoholics Anonymous (AA), are settings where other types of literature, for example, "The Big Book," are employed. ("The Big Book" focuses on implementing the 12 steps of AA.) Usually poetry becomes a part of a group experience at the beginning or end of the process. In psychiatric and self-help groups literature may be used throughout. In other types of counseling groups, however, literature is rarely referred to after the initial "forming" stage (Gladding, 1991a).

One way of using a poem in the beginning of a group is as a "catalyst." Lessner (1974) described this type of procedure. In her work with groups, she reads nondidactic poems, such as those by Langston Hughes or A. R. Ammons, to group participants after they have had a series of warm-up exercises. People in the group are asked to identify with an image in the poem and then talk about this image in regard to how it is representative of them. For example, a person might identify with grass and talk about how his or her life is growing.

In closing poems, group participants usually write couplets or lines and link them together in an interactive way that results in a collaborative poem. Such a procedure requires involvement by everyone in a receptive (listening/reading) and expressive (creative) manner (Mazza, 1988). It is usually an effective way to terminate a group experience permanently or, in the case of open-ended groups, to close the group for a particular session.

Life-Span Guidance

Literature can be employed in a guidance capacity across the life span with specific populations. In this type of arrangement, classic literary novels and autobiographies by such well-known writers as Maya Angelou, John Steinbeck, William Faulkner, Ernest Hemingway, Joyce Carol Oates, Eudora Welty, and John Updike that deal with issues and problems of different age groups are analyzed in regard to unique personal and universal developmental difficulties of the primary characters. The ways of resolving delimmas are then analyzed by a helping professional, and other literary examples dealing with similar themes are presented. In this way, individuals of all age groups can learn from the insight of literature and be better prepared to face issues in their own lives. Through such a means theories of life-style development, such as those by Erik Erikson (1968) and Carol Gilligan (1982), take on more relevance. An excellent example of this type of approach is presented in Mahlendorf and Lerner's (1992) book—*Life Guidance Through Literature*.

Family Life Guidance

A similar approach to life-span guidance literature is family life guidance literature. Three different styles are used with this focus. One is exemplified in the work of Rubinstein (1990), where excerpts from different types of literature from poetry to novels are quoted

as they relate to couples in different developmental stages of marriage, such as newlyweds and midlife couples. A unique feature of this book is that it encompasses literature across the ages of civilization, thus combining the best of the old with the best of the new.

Chavis (1987) takes a second focus, in which she chooses modern short stories depicting stages of family life, introducing each stage with a summary of the primary therapeutic issues involved. In this way she presents an overlay to readers before they begin reading about important elements to look for in particular passages. As in the life-span guidance approach, Chavis does not give "answers" but provides thought-provoking literature that stands on its own merits in addressing important family issues that must be resolved successfully. In this subtle, indirect manner she helps counselors and the lay public gain insight and chart directions for their own lives.

The third focus in family life guidance is the autobiography. Few autobiographies focus on therapeutic issues; by far the best is Augustus Napier's (1989) work titled *The Fragile Bond*. In his book, Napier details events of his own life that influenced his development as a professional and a person. His book is unique in its inclusion of marriage and family life in so detailed and vivid a manner. It offers behind-the-scenes accounts and insights into the difficulties and successes of balancing a career with marriage.

Graduate Counseling Students

A unique way to help graduate students resolve issues in their own life involves having them write a 15- to 20-page family autobiography in which they describe the dynamics of their families of origin "utilizing the terminology and theoretical rationale" of major family theorists, such as Murray Bowen and James Framo (Piercy & Sprenkle, 1986, p. 11). This type of assignment is biased in favor of students' perceptions of their families. Yet, this exercise personalizes family theory and gives students an opportunity to think about issues within their own families.

Another way to help graduate students is to have them read about the lives of noted professionals. An excellent resource in this area is *Pioneers in Counseling & Development* (Heppner, 1990), which highlights the achievements and setbacks of some of the most prominent counselors of the 20th century.

Literature in Counseling With Other Creative Arts

Many creative arts complement the use of literature in counseling. For example, words may be acted out in formal or informal dramas where they are seen as well as heard. Counseling approaches to working from a literary point of view also may take the form of movement or dance as individuals express in dynamic motion the essence of poetic or prosaic words. Two of the most widely used creative arts combined and integrated with literature in counseling are music and art. These two media are covered next.

Music and Literature

Music can be combined in various ways with literature and in some cases literature, especially poetry, *is* music. It is next to impossible to recite a poem without some "rhythmic pauses, vocal inflections, and interline harmonies as in music" (Masserman, 1986, p. 61). In other cases music is used to set a mood for a story or to heighten emotions. In these

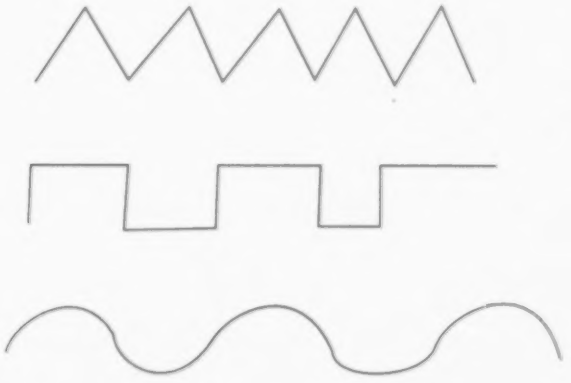
situations, instrumental or lyrical music may be played in the background before or during the reading of the literature. Similarly, music may be played before a selected writing exercise. In such circumstances music helps stir up feelings and words that otherwise would have remained dormant. An example of such a process is the playing of John Denver's song "Poems, Prayers and Promises" as a backdrop for a writing exercise titled "What I Believe In" (Berger & Giovan, 1990).

An auditory complement to literature need not always be musical. For instance, in conducting bibliotherapy, special-effects tapes depicting the sound of the wind, a waterfall, or a crackling fire may be used in setting an atmosphere conducive to reading or writing. Participants in a bibliotherapy session may make music of their own as well (Hynes & Hynes-Berry, 1986). In this latter activity they either reflect in sound what they have experienced on the written level, or they anticipate what they believe will occur because of the title of a story or the focus of a writing assignment.

Art and Literature

Art serves a special function when it is combined with literature. In such cases, pictures are thousand-word representations that are either realistic or distorted. Self-portraits, free-lance drawings, and classical paintings have been found to be a prelude to, or complement to, writing assignments or other literary ways of expression that promote self-awareness and personal development (Creskey, 1988; Hageman & Gladding, 1983). Drawing a personal logo and then describing it in a story is a creative and effective method for combining art and literature (Wenz & McWhirter, 1990). In this exercise, a participant develops a logo through playing with doodles until a symbol emerges that seems "just right." Writing a story to accompany the art is similar to writing a therapeutic fairy tale described earlier.

Another helping exercise is known as "lines of feelings." In this procedure, clients are asked to draw and color lines that represent their feelings about certain situations or people. The lines vary in length and shape, but often jagged, rough lines colored in red or orange signify anger or discontent, and smooth, flowing lines colored in blues and greens more often display calmness and contentment.



Lines of Feelings

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Shaping modeling clay can be helpful because it offers "hands on" experiences to participants. Often "working" clay gives one a feel for life experiences that may then be expressed in writing. Likewise, photography can inspire reading or writing of the highest caliber and thus make the process of counseling more enjoyable and rewarding (Amerikaner, Schauble, & Ziller, 1980). In short, music and art contribute an added dimension to the main treatment modality of integrating literature into the counseling process.

Summary

Literature is used in numerous ways in counseling and with many different types of clients. Individuals gain insight and are able to release emotions through reading and writing exercises that are prosaic and poetic in nature. This process is known as bibliotherapy, and at its best is practiced on an interactive level. Through participating in prosaic or poetic reading and writing, including keeping of journals and autobiographies, clients gain a perspective on their lives that helps them establish meaning and purpose. By following the language of clients, counselors are able to offer them additional assistance for helping themselves.

Literature can be used in counseling with other media devices such as video/audio tapes, pictures/drawings, and music. Storytelling may also be included and is effective with children as well as adults. When used properly, literature can offer life guidance to people of all ages. It depicts possible futures while energizing clients and offering them ways of integrating their experiences.

References

Alekseychik, A. (1989). Bibliotherapy: An effective principal and supplementary method of healing, correcting, and administering relief. *Journal of Poetry Therapy, 3*, 19–22.

Amerikaner, M., Schauble, P., & Ziller, R. (1980). Images: The use of photographs in personal counseling. *The Personnel and Guidance Journal, 59*, 68–73.

Barbour, J. (1991, March 27). Doctors who become writers. *Winston-Salem Journal*, W1, W4.

Baum, F. L. (1963). *The wonderful wizard of Oz*. New York: Ballantine.

Berger, A. (1988). Working through grief by writing poetry. *Journal of Poetry Therapy, 1*, 11–19.

Berger, A., & Giovan, M. (1990). Poetic interventions with forensic patients. *Journal of Poetry Therapy, 4*, 83–92.

Bettelheim, B. (1976). *The uses of enchantment: The meaning and importance of fairy tales*. New York: Knopf.

Brand, A. (1987). Writing as counseling. *Elementary School Guidance & Counseling, 21*, 266–275.

Carroll, M. R. (1970). Silence is the heart's size. *The Personnel and Guidance Journal, 48*, 546–551.

Chance, S. (1988). Loss and resolution. *Journal of Poetry Therapy, 2*, 93–98.

Chavis, G. G. (1986). The use of poetry for clients dealing with family issues. *Arts in Psychotherapy, 13*, 121–128.

Chavis, G. G. (1987). *Family: Stories from the interior*. Saint Paul: Graywolf Press.

Coughlin, E. K. (1991, February 13). A Cinderella story: Research on children's books takes on new life as a field of literary study. *Chronicle of Higher Education, 37*, A5–A7.

Creskey, M. N. (1988). Processing possible selves in possible worlds through poetry. *Journal of Poetry Therapy, 1*, 207–220.

Exercises

1. Over the course of a week's time reflect on the literature you have experienced that has made a lasting impact on your life. Write down the titles and authors of these works and the age you were when you discovered them. Look for any age- or stage-specific patterns in your choices and how the literature you read or had read to you made a difference. After you have made your list, discuss this experience with a close friend or colleague. Invite the person to try the exercise also. Compare your experiences. What literature from both of your lists do you think might be helpful to others?

2. Examine recent counseling journals and American Library publications for recent articles on the therapeutic use of literature. What books and writings are recommended? How do the contributors recommend using literature in counseling? Draw up a guidance lesson for a particular group you work with making use of ideas gleaned from your readings.

3. Consult a reference librarian in your local community about the literature currently being read. Survey these materials and think of ways you might incorporate them into your counseling sessions.

Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.
Gardner, R. A. (1971). *Therapeutic communication with children. The mutual storytelling technique in child psychotherapy*. New York: Aronson.
Gibson, R. L., & Mitchell, M. H. (1990). *Introduction to counseling and guidance*. New York: Macmillan.
Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
Gladding, S. T. (1990). *In lines through time*. Unpublished manuscript.
Gladding, S. T. (1991a). *Group work: A counseling specialty*. New York: Macmillan.

Gladding, S. T. (1991b). *The well practitioner*. Paper presented at the annual convention of the American Association for Counseling and Development, Reno, NV.

Gladding, S. T., & Gladding, C. T. (1991). The ABCs of bibliotherapy. *The School Counselor, 39*, 7–13.

Gold, J. (1988). The value of fiction as therapeutic recreation and developmental mediator: A theoretical framework. *Journal of Poetry Therapy, 1*, 135–148.

Gorelick, K. (1987). Poetry therapy as therapeutic ritual in treating traumas from the past. *American Journal of Social Psychiatry, 7*, 93–95.

Guerin, P. J., Jr. (1976). The use of the arts in family therapy: I never sang for my father. In P. J. Guerin, Jr. (Ed.), *Family therapy: Theory and practice* (pp. 480–500). New York: Gardner.

Hageman, M. B., & Gladding, S. T. (1983). The art of career exploration: Occupational sex-role stereotyping among elementary school children. *Elementary School Guidance & Counseling, 17*, 280–287.

Heninger, O. E. (1987). Poetry generated by stillbirth and livebirth: Transgenerational sharing of grief and joy. *Journal of Poetry Therapy, 1*, 14–22.

Heppner, P. P. (Ed.). (1990). *Pioneers in counseling & development*. Alexandria, VA: American Association for Counseling and Development.

Hoskins, M. (1985, April). *Therapeutic fairy tales*. Paper presented at the annual meeting of the National Association of Poetry Therapy, Chicago, IL.

Hynes, A. M., & Hynes-Berry, M. (1986). *Bibliotherapy: The interactive process*. Boulder, CO: Westview Press.

Kaminsky, M. (1974). *What's inside you it shines out of you*. New York: Horizon.

Kestenbaum, C. J. (1985). The creative process in child psychotherapy. *American Journal of Psychotherapy, 39*, 479–489.

Koch, K. (1977). *I never told anybody: Teaching poetry writing in a nursing home*. New York: Random House.

Kolodzey, J. (1983, January). Poetry: The latest word in healing. *Prevention, 35*, 62–68.

Kottler, J. A. (1986). *On being a therapist*. San Francisco, CA: Jossey-Bass.

Leedy, J. (1985). *Poetry as healer*. New York: Vanguard.

Lerner, A. (1978). *Poetry in the therapeutic experience*. New York: Pergamon.

Lerner, A. (1988). Poetry therapy corner. *Journal of Poetry Therapy, 2*, 118–120.

Lessner, J. W. (1974). The poem as catalyst in group counseling. *The Personnel and Guidance Journal, 53*, 33–38.

Lewis, M. I., & Butler, R. N. (1974). Life review therapy. *Geriatrics, 29*, 165–173.

Mahlendorf, U., & Lerner, A. (1992). *Life guidance through literature*. Chicago: American Library Association.

Markert, L. F., & Healy, C. C. (1983). The effects of poetry and lyrics on work values. *Journal of Career Education, 10*, 104–110.

Masserman, J. H. (1986). Poetry as music. *Arts in Psychotherapy, 13*, 61–67.

May, R. (1969). *Love and will*. New York: Norton.

Mazza, N. (1988). Poetry and popular music as adjunctive psychotherapy techniques. In P. A. Keller & S. R. Heyman (Eds.), *Innovations in clinical practice: A source book*, Vol. 7 (pp. 485–494). Sarasota, FL: Professional Resource Exchange.

Meier, S. T. (1989). *The elements of counseling*. Pacific Grove, CA: Brooks/Cole.

Napier, A. Y. (1989). *The fragile bond*. New York: Norton.

O'Connor, F. (1956). *Everything that rises must converge*. New York: Farrar, Straus and Giroux.

Peck, M. S. (1978). *The road less traveled*. New York: Simon & Schuster.

Piercy, F. P., & Sprenkle, D. H. (1986). *Family therapy sourcebook*. New York: Guilford.

Progoff, I. (1975). *At a journal workshop*. New York: Dialogue House.

Reiter, S. (1988). The Wizard of Oz in the Land of Id: A bibliotherapy approach. *Journal of Poetry Therapy, 3*, 149–156.

Riordan, R. J., & Wilson, L. S. (1989). Bibliotherapy: Does it work? *Journal of Counseling and Development, 67*, 506–508.

Rossiter, C., & Brown, R. (1988). An evaluation of interactive bibliotherapy in a clinical setting. *Journal of Poetry Therapy, 1*, 157–168.

Rubin, R. J. (1978). *Using bibliotherapy: A guide to theory and practice*. Phoenix, AZ: Oryx Press.

Rubinstein, H. (1990). *The Oxford book of marriage*. New York: Oxford University Press.

Valine, W. J. (1983). Intensifying the group member's experience using the group log. *Journal for Specialists in Group Work, 8*, 101–104.

Wasserman, M. (1988). Poetry as a healing force in later adulthood: The case of Nezahualcoyotl. *Journal of Poetry Therapy, 1*, 221–228.

Watson, J. (1980). Bibliotherapy for abused children. *School Counselor, 27*, 204–208.

Weinhold, B. K. (1987, November). Altered states of consciousness: An explorer's guide to inner space. *Counseling and Human Development, 20*, 1–12.

Wenz, K., & McWhirter, J. J. (1990). Enhancing the group experience: Creative writing exercises. *Journal for Specialists in Group Work, 15*, 37–42.

7

Drama and Counseling

At 35, with wife and child,
a Ph.D., and hopes as bright
as a full moon on an August night,
He took his place as a healing man
Blending it with imagination, necessary change,
and common sense
To make more than an image on an eye lens
of a small figure running quickly up steps;
Quietly he traveled
like one who holds a candle to darkness
and questions its powers,
So that with heavy years, long walks,
shared love, and additional births,
He became as the seasoned actor,
who, forgetting his lines in the silence,
stepped upstage and without prompting
lived them.

(Gladding, 1974, p. 596)

DRAMA FOCUSES ON COMMUNICATION between people and the roles that individuals assume in their daily lives. Because "all the world is a stage" according to Shakespeare, roles may vary for persons at different times of the day and in various situations. Joseph Campbell (1949) took the view that much of human life and drama is similar to patterns found in myths throughout the ages. Unhealthy individuals often act out in rigid and stereotyped ways, such as being placaters, distractors, computers, or blamers (Satir, 1972). In such roles they fail to be straightforward and honest with their thoughts and feelings, and thus through default they act in an uncaring manner such as many characters on television soap operas do in relationship to issues of intimacy (Lowry & Towles, 1989).

Healthy people, on the other hand, are able to change their behaviors in response to environmental demands. They are open and flexible and communicate in a congruent manner. Sometimes they become "stuck" and "dysfunctional" too, but in these cases they seek assistance. Drama or drama-related techniques may help these individuals gain a "greater understanding of social roles" and a clearer perspective on their lives in "relationship to family, friends, and past life" (Warren, 1984, p. 133). The material in this chapter will focus on formal and informal use of drama.

The use of drama as a part of the healing process extends far back in history. One of its most important times was in 5th century B.C. Athens, where dramatic traditions originated and flourished for years. The tragic drama, the older of the Greek drama forms, "depicted the unthinkable and unspeakable in ways that allowed members of the audience to participate in the dual roles of sufferer-participant and empathizer-observer" (Gorelick, 1987, p. 38). Dramatic productions dealt with the eternal struggle between individual strivings and realistic limitations, and engaged observers in asking existential questions in regard to self-identity and purpose in life. The dramas of Sophocles, Aeschylus, and Euripides fostered audience identification, catharsis, and insight in such a way that what viewers personally felt at the time of a performance "would carry over to personal life beyond the theatrical space" (Gorelick, p. 40).

As a profession, counseling has many parallels with the type of drama practiced by the ancient Greeks. In both drama and counseling, those involved learn to experience a whole range of emotions and to express them appropriately. Counselors and dramatists practice being sensitive to the parts they are called to play and likewise to be attuned to those with whom they interact. Besides learning and expressing emotions, people involved in both processes consciously become aware that what they do and how they do it will have an effect on the audiences before whom they perform. In essence, people who practice these two professions become heavily involved and experience life on its deepest levels (Friedman, 1984). They become role models in their search for deeper understanding (Bandura, 1977), and their behaviors may have either a positive or negative effect on others with whom they deal closely.

In addition to the qualities mentioned above, there is another parallel in drama and counseling: timing (Okun, 1987). It is essential in drama and in counseling that events be timed for maximum impact. "Good drama is not a function of clever words. And like all process, whether it is baking, gardening, or healing, it is a child of the experience of time. Time is the father of joy and pathos, tragedy and seriousness, irony and mischievousness, paradox and madness, and absurdity and love. Most comparisons of theater and therapy overlook this common organizing principle so essential to the flowering of human creativity" (Friedman, 1984, p. 29).

In drama, impact moments are staged and involve three factors: the characters, the audience, and information about what is going to happen. Several incidents build up to a dramatic climax. Usually, the creation of a scene contains the elements of: (a) mystery (when a character in a story has information unknown to others); (b) suspense (when someone else knows something is about to happen but a character is unsuspecting); and (c) shock/surprise (when something happens that surprises everyone simultaneously) (Lankton & Lankton, 1983). Scenes are staged in such a way that everyone involved is aware of their importance.

Likewise, in counseling, a certain dramatic movement is a natural part of the process. Family therapist Salvador Minuchin "conducts family treatment as though he were a theatrical director, and insists that interpersonal enactments are essential for capturing the real drama of family life" (Nichols, 1984, p. 13). In reality, counselors and clients may be in the midst of mystery, suspense, or even shock at times. Sometimes, however, counselors withhold insights and ideas until they have some assurance that clients will be able to hear and use this information to the fullest. Overall, drama and counseling often mimic each other.

Premise of the Use of Drama in Counseling

There are several premises behind the use of drama in counseling. One is that life difficulties are reflected in counseling through dramatic means and therefore the language and action of counseling should be expressed in dramatic terms. This idea is most manifest in the theoretical underpinnings of transactional analysis. Clients enact the roles of Parent, Adult, and Child by playing "games" such as "If only" and "Kick me," and living by "scripts" that either enable or inhibit them in establishing healthy life-styles (Berne, 1964). The most dysfunctional way individuals play games is through engaging in "drama triangle" interactions in which all involved unconsciously agree to rotate being in the destructive positions of Victim (the oppressed), Rescuer (the savior), and Persecutor (the punisher) (Karpman, 1968).

A second premise of using drama in counseling is that through enacting different roles clients will become more attuned to their full range of feelings, and thus become enabled to exercise all parts of themselves in an integrated and holistic way (Irwin, 1987). The idea behind this view is represented well in the work of Gestalt therapy (Perls, 1969). In this approach, clients play many roles, some of which are more comfortable to them than others. Ultimately clients are introduced through role plays to those aspects of themselves that they have repressed or denied.

A third premise is the concept that through witnessing or participating in spontaneous plays or staged productions, participants gain insight into themselves by identifying with certain emotions that are expressed. Thus, the focus of drama therapy is on the problems of specific individuals or groups, although the format of any one drama may seem universal in scope (Blatner, 1989). If all goes well, the level of feeling in individuals is increased to the point that repressed or denied affect is recognized and eventually worked through.

For example, minorities are often stereotyped by majority populations and consequently have difficulties being treated as equals. The power of drama highlights such unequal and unjust action and can lead toward greater sensitivity and fairness. *Guess Who's Coming to Dinner*, a film about racial equality, *Coming Into Passion: Song for a Sunset*, a play about

the stereotyping of Asian women, and *Dances With Wolves*, a film about the lives of Native Americans, are three examples of dramatic productions that have made a positive impact on their audiences.

A final rationale behind using drama in counseling is that powerful drama, like effective counseling, is relationship-oriented and based in a climate of creative spontaneity. In other words, methods and techniques are secondary to personalization and imagination. By reminding themselves that the elements of change and resistance are found in authentic personal encounters, counselors can set the stage for newness productively. Such a premise is exemplified in the universal principle that "people hear you when they are moving towards you, never when they are being pursued" (Friedman, 1984, p. 29).

Drama Therapy

Drama therapy involves the "intentional use of creative drama toward the psychotherapeutic goals of symptom relief, emotional and physical integration, and personal growth" (Johnson, 1982, p. 83). It deals with hypothetical situations and uses projective techniques that tend to distance the performer from the material being enacted. In drama therapy, "the dramatic action part of the process is unlike traditional theatre performance in that the action is not scripted but improvised, a return in some ways to the earliest known forms of drama when the actor and the dramatist were one" (MacKay, 1987, p. 201). Through the enactment of fantasy and hypothetical situations, participants realize more fully the wealth of emotions within themselves and ideally translate this knowledge into their own life events.

Drama therapy consists of three stages: (a) warm-up, (b) enactment, and (c) growth (Dunne, 1988). "The uniqueness of drama therapy is that it proceeds "through role-playing, storytelling, mask, and puppetry." Thus, it helps clients come in contact with internalized roles and allows the manifestation of these roles outward so there is a further extension of personal awarness (Landy, 1991, p. 39).

Drama therapists registered by the National Association for Drama Therapy have a background in the theater. They are skilled in assessing the themes and potential impact of dramatic productions. They hold at least an entry-level degree (BA) from a college or university that offers a program in drama therapy, and they have had at least an internship in this specialty before they begin practice under supervision (Emunah, 1989). Because of this educational experience, they are able to help individuals process their feelings about a drama therapeutically.

Drama in Counseling

Not all professionals who use drama in counseling are drama therapists. For example, Philip Guerin (1976) included a number of movies in his work with families, such as Robert Anderson's *I Never Sang for My Father* and Ingmar Bergman's *Scenes From a Marriage*, to prod families into thinking about their own problems. In a variation on this technique, family therapist Frank Pittman (1989) uses selected dramatic scences from movies as diverse as *Gone With the Wind* to *Steel Magnolias* to illustrate aspects of interpersonal relationships that are present both on and off the screen. He then proceeds to emphasize the therapeutic interventions connected with such situations when they are dysfunctional.

In discussing the importance of drama in promoting school mental health, Sylvia (1977) pointed out five essential elements common to both drama and counseling (problem, choice, crisis, climax, and resolution) that may be used in the helping process. Problems may be presented in many ways, but usually a trademark of their appearance in a play or in a real-life situation is exemplified by a certain amount of emotional discomfort or incongruence on the part of the person(s) involved. For example, Hamlet is "troubled" by the sudden death of his father and the quick remarriage of his mother to his uncle. He agonizes over whether to pursue the matter further (choice), but eventually feels duty-bound to the spirit of his father and confronts his mother, his uncle, and others involved through having actors perform a play paralleling the facts of his situation (crisis). The climax of the drama is the death of several leading characters, including Hamlet, and the final resolution is that the court in Denmark changes physically and psychologically.

Whether a counselor be a drama therapist or a professional who uses drama, the counselor must always take care to see that clients feel connected with the form of treatment and that they benefit from it. Drama in counseling will occur either on a covert or overt level. It is up to the counselor in collaboration with clients to make the decisions that lead toward or away from dealing with drama on a conscious level.

Practice of the Use of Drama in Counseling

Several counseling traditions advocate either participation in or observation of dramas through role playing on a regular basis. The most notable of these is psychodrama, although Gestalt therapy, rational-emotive therapy, Adlerian therapy, and family counseling/therapy all involve dramatic techniques (Gladding, 1991).

Psychodrama

Psychodrama was originated by Jacob L. Moreno during the early part of the 20th century. Through his observation of children, Moreno was convinced of the "importance of spontaneity as part of the creative and vitalizing processes of life" (Blatner, 1989, p. 562). Moreno hoped to influence the mental health of mainstream society by forming a group of nontraditional actors into the "Theater of Spontaneity" in Vienna. Because of economic conditions, however, Moreno was forced to move his attention away from the masses to the treatment of the mentally ill. He was compelled to move to the United States, also.

The main concepts that psychodrama emphasizes are encounters in the present. In these encounters, individuals act out their problems in creative, spontaneous, and productive ways with a "full expression of feelings and reality testing" (Corey, 1990, p. 223). The emphasis in these circumstances is on the enactment of nonverbal events through which new realizations occur, thus enabling and empowering people in their growth and development. In these situations, it is vital that natural barriers of time and space be obliterated (Greenberg, 1974). It is crucial that catharsis and insight take place, too, through the total communication of feelings between individuals, a process known as "tele" (Moreno, 1945).

The three phases within any psychodrama are: (a) warm-up, (b) action, and (c) integration. In the warm-up, everyone is emotionally and technically readied for the psychodrama through arranging the stage and engaging in affectively based activities such as sensory awareness (Blatner, 1989).

Empty Chair Technique

In the action phase, the psychodrama is actually performed with a protagonist assigning others within the group various "auxiliary ego roles of significant others or things in the protagonist's life" (Gladding, 1991, p. 114). Sometimes a protagonist is assigned to do a soliloquy. The protagonist gives a monologue about his or her situation while acting it out. At other times, a monodrama (autodrama) technique is used, where the protagonist plays all the parts of the enactment. A protagonist also may be asked to literally switch roles with another person in the psychodrama, and through this role reversal, may gain insight into conflict (Corey, 1990), or the protagonist may be assigned the activity of watching from offstage while someone else plays his or her part (the mirror technique). A final technique used in this action phase is the double or multiple double (in the case of ambivalence), where a protagonist's alter ego helps express true inner feelings more clearly (Blatner, 1988).

In the integration phase, the protagonist is helped to process, emotionally and intellectually, what happened in the psychodrama. There is an emphasis on "understanding and integration so the protagonist can act differently if any similar situations arise" (Gladding, 1991, p. 114).

Gestalt Therapy

Gestalt therapy has emphasized drama techniques in its implementation ever since its formulation. Part of the reason is the dramatic flair of its founder, Fritz Perls. Some of the dramatic methods used in this approach include role playing, exaggerating, becoming aware of bodily senses, and staying with feelings (James & Jongeward, 1971). In role playing, clients enact scenes or situations they would otherwise describe. For instance, in reporting dreams, clients are directed to role play all aspects of their dreams (Perls, 1970). If clients have complaints, they are encouraged to exaggerate their discontent and thus place the complaint in perspective.

Regardless of what clients are working on, they are instructed to be aware of what their body is telling them as well as what they are saying. A closed body posture in the midst of a conversation where someone reports being open signals a glaring contradiction. Finally, in focusing on themselves, clients are reminded to stay with their feelings and not opt out of a situation by intellectualizing (i.e., head tripping). Just like a sophisticated actor knows how to feel a wide range of emotions and respond to them appropriately, clients learn to become more attuned to their feelings and act on them accordingly.

The chair technique is unique in Perls's version of Gestalt therapy where an emphasis is placed on owning one's emotions. In this approach, there is a "hot-seat" for the person who wants to work and an empty chair in which troublesome emotions may be projected. Individuals who choose to work will reflect and project emotions onto the empty chair as needed and dialogue with the polar parts of themselves until some integrated resolution results.

Rational-Emotive Therapy

Rational-emotive therapy (RET) uses a number of behaviorally based and dramatic exercises to help clients become more rational and functional. Among the most dramatically creative is what is known as a "shame attack." In this assignment, clients first mentally and then actually practice in role plays and in real life a particular behavior that they have always feared or dreaded. The action might be as simple as going into a restaurant and asking for a glass of water, or it might involve pretending to faint in a crowd and trusting the best behaviors of those around to prevail in offering help. As in any drama, learning how to enact a certain part is at first difficult, but with practice, the part becomes a more integrated aspect of the personality until acting a certain way becomes a habit of the heart.

Adlerian Theory

Before Ellis devised his theory and emphasis on the practice of integrating thoughts with behaviors, such as in shame attacks, Alfred Adler was stressing behavioral change through a process known as "acting as if" (Adler, 1963). In this procedure, clients at first discuss how they would like to behave. Then they are simply instructed to "act as if" they were the persons they wish to be. The technique is usually met with protests because clients think they are being "phony." However, stress is lowered when individuals involved know they are simply "acting" and that their new behaviors in effect are no different from trying on new clothes to see how well they fit and feel (Mosak, 1989).

Family Therapy—Sculpting

Family sculpting originated in the 1960s from the work of David Kantor and Fred and Bunny Duhl at the Boston Family Institute. It was an attempt "to translate systems theory into physical form through spatial arrangements" (Papp, 1976, p. 465). In family sculpting, family members are asked "to arrange one another as a living statue or tableau" (L'Abate, Ganahl, & Hansen, 1986, p. 166). In this way, people are given the chance to convey their impressions of the family actively and concretely in a nonverbal, yet potent manner.

"Sculpting is a way of visualizing the closeness or distance experienced in a family" (Foley, 1989, p. 459). It involves all members of the family unit and basically enables the family to work with the counselor in a collaborative fashion. Sometimes sculpting is used to "disengage" family members from emotional experiences and "thus facilitate insight into the past and present situations." At other times it is employed to "bring about an affective experience that will unblock unexpressed emotions" (Piercy & Sprenkle, 1986, p. 57).

Sculpting is usually appropriate at any time during the treatment of a family because it stimulates interaction and promotes insight (L'Abate et al., 1986). At a minimum, sculpting should include:

- selecting a sculptor;
- choosing sculpture content (event, problem, or process);
- sculpting individual members of the family unit;
- detailing the sculpture;
- adding the sculptor into the scene;
- choosing to give the sculpture a descriptive title, a resolution, and a ritualistic motion;
- sculpting other relevant situations until a pattern emerges;
- deroling and debriefing all involved; and
- processing the results. (Constantine, 1978; L'Abate et al., 1986, p. 171)

Initially, sculpting and psychodrama resemble each other, yet they are not the same. "The difference between sculpting and psychodrama . . . is that the latter is used to relive and resolve a traumatic event, whereas sculpting is more concerned with closeness and space as a means of understanding emotional involvement" (Foley, 1989, p. 459). It is crucial that counselors who wish to use these techniques understand the advantages and limitations of each. Both processes may lead to change, but by design they address different aspects of life.

Drama in Counseling With Specific Populations

Drama is used in different ways and at various levels of sophistication in counseling, depending on the age and stage of clients. It is critical that counselors be sensitive to developmental aspects of their clients so that the drama work in which they engage will have maximum impact.

Children

Preschool children live a life that is usually rich in fantasy and pretending. Thus, getting them to "act out" dramas with toys or talk to puppets is usually safe and fun for them and revealing as well (Hughes, 1988). One technique that has been successful with young children is the family puppet interview where children make up stories about their family through using puppets (Irwin & Malloy, 1975). These stories usually highlight conflicts and alliances within families. By using objects such as dolls or puppets familiar to children, the opportunity to learn or promote conflict resolution is maximized (James & Myer, 1987). Popular television programs such as "Sesame Street" and "Mr. Rogers' Neighborhood" are examples of how professionals, other than counselors, make use of this developmental aspect of childhood in social and educational ways.

A similar developmental opportunity for dramatic impact, insight, and growth is present with middle-age children (ages 6 to 12). These children are between young childhood and adolescence. They often daydream and fantasize about their future, therefore drama techniques such as role playing and staging guidance plays are excellent techniques to employ with this group (Wilson, 1983). Children in this age bracket may enjoy writing

and producing their own plays. Such an activity helps them gain a perspective on their values and become more sensitive to how they handle complex problems or people.

Adolescents

Adolescents are often dramatic in their actions. Their participation in a number of ritualistic activities, such as sports, provides them with an opportunity to play out parts of life in a highly charged and physical way and to keep their impulses in check. Drama can be used to assist adolescents gain better control over their lives as well. For instance, videotaped improvisational drama has been found to increase significantly the ability of adolescents to maintain internal locus of control (Dequine & Pearson-Davis, 1983). Furthermore, video therapy with adolescents helps them to:

- receive instant feedback about their behaviors (especially in groups);
- gain limited control over their therapy through operating some of the equipment, such as cameras and playback units;
- deal with transference issues realistically because of being able to see their conduct;
- overcome resistance to adults more easily because of a focus on equipment; and
- become more involved in formulating their identity through objective observations of their behaviors, both verbal and nonverbal. (Furman, 1990)

When video is not used with drama, it is critical that a structured environment be set up where adolescents still maintain a feeling of autonomy. This type of setting can be constructed by utilizing exercises in which adolescents enact situations dealing with aggression, flight, conflict, and rebelliousness as approved elements of the drama in which they participate (Emunah, 1985). Using such a method avoids struggles between the counselor and the adolescents because primary issues are acknowledged in advance and dealt with therapeutically. Overall, adolescents, especially those who are prone to act out, benefit from drama therapy because of the differentiated tasks they are given and the role structures provided within each drama therapy session (Johnson & Eicher, 1990).

Adults

In prison populations, drama therapy has been shown to be effective in reducing rates of recidivism. For example, Ryder (1976) reported a recidivism rate of about 15% for inmates who participated in a drama project he conducted. Such a rate is far below the national level.

Marriage and family counselors/therapists have found drama techniques to be effective too. Enactment is a major dramatic tool of most marriage and family counselors/therapists. In this process, a counselor/therapist "constructs an interpersonal scenario in the session in which dysfunctional transactions among family members are played out." Within this scenario the therapist can observe "the family members' verbal and nonverbal ways of signaling to each other and monitor the range of tolerable transactions. The therapist can then intervene in the process by increasing its intensity, prolonging the time of transaction, involving other family members, indicating alternative transactions, and introducing experimental probes . . ." (Minuchin & Fishman, 1981, p. 79). The drama that occurs in presenting the problem and in finding successful resolutions decreases the power of symptoms and empowers the family to be innovative.

The Elderly

The most recent trend in working with the elderly through drama is developmental drama therapy. In this approach, the counselor works to help disoriented or depressed older adults connect with their past, their present, and with each other in a positive way. A group format is used to implement this process, and group members are actively engaged in a sustained manner (Johnson, 1986). The developmental nature of drama progresses from a greeting stage, to unison activities, to the expression of group themes, to personification of images, to playing, and to closing rituals. In this process, members are encouraged to interact with their fellow group members and to recognize and own their emotions to structured exercises, such as "phoning home," where a group member calls a significant person is his or her life and either resolves difficulties or expresses gratitude. Overall, drama therapy and the use of drama in counseling is just beginning to emerge in a sophisticated form for the elderly.

Drama in Counseling With Other Creative Arts

Drama has a natural connection in counseling with dance, music, art, and literature. Each of these arts complements the other in a way that highlights therapeutic aspects of change for counselors and clients.

Dance

In regard to dance, drama is enacted in ritualized and accentuated ways. For example, in Native American culture dance is a dramatic way of invoking the favor of the spiritual world. In middle-class U.S. culture, dramatic exercises may help dance therapy participants become more relaxed and less resistant to the therapeutic process of change (Johnson & Eicher, 1990). Dance in such cases is an extension of drama and leads past itself into greater self-awareness. Regardless of the circumstances, both the techniques of drama and dance focus on integrating the multiple aspects of people through ritualized and spontaneous enactment. Once individuals act out a role dramatically in a scene, they feel freer to express themselves in more nontraditional ways, such as in dance, movement, or life.

Music

Music and drama share much common ground also. For instance, both require self-organization and discipline to master lines and feelings. Music and drama enhance the process of helping people become more realistic "by requiring time-ordered and ability-ordered behavior" (Wager, 1987, p. 137). Each may complement the other, too, as is demonstrated in music being played in the background of a dramatic scene or dramatic enactments of musical compositions (such as those seen on music videos). As with dance, music accentuates drama and increases the likelihood that participants and the audience will remember what they experienced.

Art

Art and drama are natural companions. In drama there is frequent discussion of "drawing out" a scene. On a concrete level, there is such an experience as "pictorial dramatization," where "clients draw pictures of an important moment, person, conflict, or fantasy. These pictures reveal inner feelings and give important data on self-esteem. Clients go on to act out short pantomimes or improvisational scenes based on the pictures" (Dunne, 1988, p. 141). In this method, people see and feel simultaneously and become more aware of themselves and their environments.

Literature

Literature and drama are combined in acting situations where the script is already written, which is the case in plays. This process occurs also when clients "pantomime" scenes that counselors create to parallel their lives (Dunne, 1988, p. 141). For the elderly or the physically impaired, literature and drama may be united when they read and discuss great or humorous plays/movies such as those written by Eugene O'Neill, George Bernard Shaw, Luigi Pirandello, Langston Hughes, and Neil Simon. In discussing these works, individuals who cannot act out the scenes can image them or feel their impact and share these types of experiences with either the counselor or a therapeutic group.

Summary

The use of drama either as a primary or adjunct technique in healing and in change has a strong historical tradition. Human drama is staged in both formal and informal ways, and insight into who we are as people is fostered through participating in drama-based experiences on many levels. Counselors share with dramatists the use of some techniques, such as staging, asides, scripting, and creating catharsis, but the essence of what these two traditions share goes beyond technique to "a common impulse—an attempt to go beyond the everyday forms of communication to shift people's basic notions of themselves and their world. Both represent a revolt against the normal use of discourse . . . and a recognition that communication is at least as much an emotional phenomenon as a linguistic one" (Friedman, 1984, p. 24). Thus, from the ancient Greeks until today drama has been promoted for the common good and sensitivity it instills.

In this chapter, the historical context of drama in counseling has been explored along with the parallels and processes that dramatists and counselors share. In addition, the primary types of drama found in traditional counseling approaches were examined along with the groups most amenable to drama-focused treatment. Ways in which drama may be combined with other creative arts was explored, also. Basically, the thrust of this chapter is that drama is an affective and effective approach to working with a variety of populations as long as the counselor has sound theoretical grounding (whether a drama therapist or not). Treatment from this perspective involves creativity, openness, and a willingness to be authenic and empathetic. Like the last line of the poem that introduced this chapter suggests, this type of experience demands that counselors forget their lines or professionally distant roles and instead live their lives congruently and courageously.

Exercises

1. Make a list of dramatic productions you have seen or participated in that have had a major impact on your life. Examine these dramas in regard to characters you identified with and the emotions they conveyed. Look at your own development as a person also and examine the issues you faced then and now. What interconnections, if any, do you see?

2. Ask a client to play the role of someone he or she is having difficulty dealing with. As counselor, enact the role of the client. After about 10 or 15 minutes of role playing, process the experience and take special note of any changes in perceptions or attitudes that either of you have.

3. Videotape a counseling session with colleagues or your own family where you demonstrate the art of sculpting. As you and your participants review the video, stop it periodically and discuss your feelings about what is occurring within you now as opposed to what you experienced during the actual sculpting. How different or similar are your thoughts and emotions in these situations?

References

Adler, A. (1963). *The practice and theory of individual psychotherapy*. Patterson, NJ: Littlefield, Adams.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.

Berne, E. (1964). *Games people play*. New York: Grove Press.

Blatner, A. (1988). *Foundations of psychodrama: History, theory, and practice* (3rd ed.). New York: Springer.

Blatner, A. (1989). Psychodrama. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (4th ed.) (pp. 560–571). Itasca, IL: Peacock.

Campbell, J. (1949). *The hero with a thousand faces*. New York: Pantheon Books.
Constantine, L. (1978). Family sculpture and relationship mapping techniques. *Journal of Marriage and Family Counseling, 4*, 13–23.
Corey, G. (1990). *Theory and practice of group counseling* (3rd ed.). Pacific Grove, CA: Brooks/Cole.
Dequine, E., & Pearson-Davis, S. (1983). Videotaped improvisational drama with emotionally disturbed adolescents: A pilot study. *Arts in Psychotherapy, 10*, 15–21.
Dunne, P. B. (1988). Drama therapy techniques in one-to-one treatment with disturbed children and adolescents. *Arts in Psychotherapy, 15*, 139–149.
Emunah, R. (1985). Drama therapy and adolescent resistance. *Arts in Psychotherapy, 12*, 71–80.
Emunah, R. (1989). Dramatic enactment in the training of drama therapists. *Arts in Psychotherapy, 16*, 29–36.
Foley, V. D. (1989). Family therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (4th ed.) (pp. 455–500). Itasca, IL: Peacock.
Friedman, E. H. (1984, January/February). The play's the thing. *Family Therapy Networker, 8*, 24–29.
Furman, L. (1990). Video therapy: An alternative for the treatment of adolescents. *Arts in Psychotherapy, 17*, 165–169.
Gladding, S. T. (1974). Without applause. *The Personnel and Guidance Journal, 52*, 586.
Gladding, S. T. (1991). *Group work: A counseling specialty*. New York: Macmillan.
Gorelick, K. (1987). Greek tragedy and ancient healing: Poems as theater and Asclepian temple in minature. *Journal of Poetry Therapy, 1*, 38–43.
Greenberg, I. A. (1974). Moreno: Psychodrama and the group process. In I. A. Greenberg (Ed.), *Psychodrama: Theory and therapy* (pp. 11–28). New York: Behavioral Publications.
Guerin, P. J., Jr. (1976). The use of the arts in family therapy: I never sang for my father. In P. J. Guerin, Jr. (Ed.), *Family therapy: Theory and practice* (pp. 480–500). New York: Gardner.
Hughes, J. N. (1988). Interviewing children. In J. M. Dillard & R. R. Reilly (Eds.), *Strategic interviewing* (pp. 90–113). Columbus, OH: Merrill.
Irwin, E., & Malloy, E. (1975). Family puppet interview. *Family Process, 14*, 179–191.
Irwin, E. C. (1987). Drama: The play's the thing. *Elementary School Guidance & Counseling, 21*, 276–283.
James, M., & Jongeward, D. (1971). *Born to win*. Reading, MA: Addison-Wesley.
James, R. K., & Myer, R. (1987). Puppets: The elementary school counselor's right or left arm. *Elementary School Guidance & Counseling, 21*, 292–299.
Johnson, D. R. (1982). Principles and techniques of drama therapy. *Arts in Psychotherapy, 9*, 83–90.
Johnson, D. R. (1986). The developmental method in drama therapy: Group treatment with the elderly. *Arts in Psychotherapy, 13*, 17–33.
Johnson, D. R., & Eicher, V. (1990). The use of dramatic activities to facilitate dance therapy with adolescents. *Arts in Psychotherapy, 17*, 157–164.
Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin, 7*, 38–43.
L'Abate, L., Ganahl, G., & Hansen, J. C. (1986). *Methods of family therapy*. Englewood Cliffs, NJ: Prentice-Hall.
Landy, R. J. (1991). The dramatic basis of role theory. *Arts in Psychotherapy, 18*, 29–41.
Lankton, S. R., & Lankton, C. H. (1983). *The answer within: A clinical framework of Ericksonian hypnotherapy*. New York: Brunner/Mazel.
Lowry, D. T., & Towles, D. E. (1989). Soap opera portrayals of sex, contraception, and sexually transmitted diseases. *Journal of Communication, 39*, 76–83.
MacKay, B. (1987). Uncovering buried roles through face painting and storytelling. *Arts in Psychotherapy, 14*, 201–208.

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Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

Moreno, J. L. (1945). *Group psychotherapy: A symposium*. New York: Beacon House.

Mosak, H. H. (1989). Adlerian psychotherapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (4th ed.) (pp. 65–116). Itasca, IL: Peacock.

Nichols, M. (1984). *Family therapy*. New York: Gardner.

Okun, B. F. (1987). *Effective helping* (3rd ed.). Pacific Grove, CA: Brooks/Cole.

Papp, P. (1976). Family choreography. In P. J. Guerin, Jr. (Ed.), *Family therapy: Theory and practice* (pp. 465–479). New York: Gardner.

Perls, F. S. (1969). *Gestalt therapy verbatim*. Lafayette, CA: Real People Press.

Perls, F. S. (1970). Four lectures. In J. Fagan & I. L. Shepherd (Eds.), *Gestalt therapy now* (pp. 14–38). New York: Harper & Row.

Piercy, F. P., & Sprenkle, D. H. (1986). *Family therapy sourcebook*. New York: Guilford.

Pittman, F. (1989, October). *The secret passions of men*. Paper presented at the annual conference of the American Association for Marriage and Family Therapy, San Francisco.

Ryder, P. (1976). Theatre as prison therapy. *Drama Review, 20*, 60–66.

Satir, V. (1972). *Peoplemaking*. Palo Alto, CA: Science & Behavior Books.

Sylvia, W. M. (1977). Setting the stage: A counseling playlet. *Elementary School Guidance & Counseling, 12*, 49–54.

Wager, K. M. (1987). Prevention programming in mental health: An issue for consideration by music and drama therapists. *Arts in Psychotherapy, 14*, 135–141.

Warren, B. (1984). Drama: Using the imagination as a stepping-stone for personal growth. In B. Warren (Ed.), *Using the creative arts in therapy* (pp. 131–155). Cambridge, MA: Brookline.

Wilson, N. S. (1983). "What can school do for me?" A guidance play. *School Counselor, 30*, 374–380.

8

Play and Humor in Counseling

She smiles gently on cool spring nights
that remind her of a youthful season
when children played quietly within small groups
and boys were timid in her presence.
Amused, she laughs at recollections
letting the lines around her eyes
display the grace of older years
in the acceptance of fun and growth.

(Gladding, 1991)

PLAY AND HUMOR ARE ARTS of the highest order, but because of their lack of concreteness and structure, they are often underutilized, unappreciated, or misunderstood (Ness, 1989; Schaefer & Reid, 1986). Perhaps the reason for this neglect is that counseling is considered to be serious work and the antithesis of fun and enjoyment. Yet, play and humor are multidimensional, flexible, and are associated with creativity and the promotion of mental health (Witmer, 1985). Therefore, it is important that clients and counselors learn to play and laugh in many situations.

Play and humor share numerous similarities such as an emphasis on spontaneity, pleasure, and active mental or physical participation by those so engaged. They are unique too. One of the unique qualities of play is that it "comprises many kinds of activity, linked by an attitude of non-literalness and enjoyment known as "playfulness'" (Liebmann, 1986, p. 13). According to Liebmann, the most salient characteristics of this enterprise are:

1. Play is pleasurable and enjoyable.
2. Play has no extrinsic goals; it is inherently unproductive.
3. Play is spontaneous and voluntary, and freely chosen.
4. Play involves active engagement on the part of the player.
5. Play is related to what is not play.

Play is a primary need of well-functioning human beings, and often counselors and clients complain or confess they have not played enough. "It is play that is the universal, and that belongs to health: playing facilitates growth . . ." (Winnicott, 1974, p. 48). Too often play in counseling is structured in the form of activities such as board games and card games (Crocker & Wroblewiski, 1975), when in more natural environments play is open-ended in its content and implementation.

Humor as a unique art form combines the elements of reality and absurdity with surprise and exaggeration. Laughter is often accompanied by insight into the essence of what it means to be human (Arieti, 1976). At its best "humor is a remarkable gift of perspective by which the knowing function of a mature person recognizes disproportions and absurdities . . ." (Allport, 1955, p. 57). Comedians and cartoonists such as Mark Russell and Garry Trudeau (author of "Doonesbury") focus attention on specific political subjects that are absurd, whereas generalists such as Bob Hope and Charles Schulz (author of "Peanuts") concentrate on broader areas of human life that are fraught with imperfections. "Subjects for humor abound: our unfounded fears, endless primping, exaggerated story telling, and inflated self-importance" (Burke, 1989, p. 281).

When individuals do not play or laugh enough they become overly serious and mentally distraught (Ellis, 1977). The manifestations of this unhealthy behavior are uncontrolled anger, displacement, abuse, and depression. These actions are dysfunctional for everyone. Therefore, one of the primary tasks of counseling is to assist people in learning how to play appropriately or be more playful in their words and actions and to have more fun.

Premise of the Use of Play and Humor in Counseling

Play

The idea behind the use of play in counseling is that play has a nonliteral quality, which "means it can be done in safety" and "without fear of real consequences. By

representing a difficult experience symbolically and going through it again, perhaps changing the outcome, a child (or an adult) becomes more able to deal with the problems of real life" (Liebmann, 1986, p. 13). This type of activity, as described by Erik Erikson (1963) and seen in the dramatic play of children from age 2 on up, is one way individuals master their environments, including person-to-person interactions (Smilansky & Shefatya, 1990).

The use of play techniques in counseling is based on many theories (Landreth, 1987). Two of the dominant ones are Jungian (Jung, 1964) and Rogerian (Rogers, 1951). According to the Jungian viewpoint, "the process of play and dramatization seems to release blocked psychic energy and to activate the self-healing potential . . . embedded in the human psyche (Allan, 1988). Likewise, the Rogerian point of view stresses the importance of self-expression and inner growth within a nonjudgmental environment (Axline, 1947, 1967). Thus, play in counseling is an active and integrated phenomenon that links mind and body in a healthy way.

In addition to helping children and adults become more congruent and express themselves more clearly, play may also be used: (a) "as a means for establishing rapport;" (b) as a way of understanding family and peer interactions; (c) as a tool for tapping unexpressed feelings; (d) as an outlet for the safe expression of feelings; and (e) as an "effective method for teaching socialization skills" (Thompson & Rudolph, 1988, p. 157). The Annual International Play Therapy Conference and the Center for Play Therapy at the University of North Texas (Denton), headed by Garry Landreth, focus on the multiple uses of play in therapeutic settings.

Essentially, the ability to play is connected with expanding one's imagination through pretending (Madanes, 1981). The art of pretending allows individuals to see situations differently and thus to solve problems by "reframing" the situation in a more positive light (Levy, 1987). Pretend methods can be used throughout the life span. The idea behind pretend and play methods is to give clients opportunities to engage in activities they are normally not able to or are unwilling to do. Learning to perform these activities initially or again is an achievable goal that counseling can foster through behavioral, cognitive, and affective means.

Humor

The use of humor in counseling is premised on several ideas. First, humor is associated with positive wellness. "Humor, particularly when it is accompanied by laughter, creates physiological, psychological, and social changes. The skeletal muscles become more relaxed, breathing changes, and possibly the brain releases certain chemicals that are positive to our well-being" (Witmer, 1985, p. 169). Clients who are able to laugh at themselves or their situations are able to take charge of their lives positively. Humor seems to be a factor in increasing the attention span, improving comprehension, and promoting recall, all of which are crucial in fostering mental health. Some research indicates that involvement in humor has a therapeutic effect on one's overall health (Cousins, 1979; Fry, 1991). In fact Norman Cousins detailed in his book, *Anatomy of an Illness*, how laughter helped him eliminate pain while bringing him pleasure, which has led others to credit him playfully as the founder of "ho-ho-holistic health" (Napier & Gershenfeld, 1989).

A second rationale for using humor in counseling is that it can "distance" one from too much subjectivity and put one's vision of self and the environment in perspective. A sense of humor is "connected with one's sense of selfhood" (May, 1953, p. 52). In humor, unconscious urges and repressed thoughts become conscious and expressed (Thompson &

Rudolph, 1988). Clients basically gain an "aha" experience from their "ha-ha" perspective and achieve insight into problems that have heretofore perplexed them (Mosak, 1989). It is often the case that the first slightly funny moment in counseling is the beginning of an emotional breakthrough and the start of resolution. People's ability to "break free of symptoms with exaggeration and humor is an illustration of self-detachment," that is, the ability to observe a situation from a distance (Burke, 1989, p. 281). "One cannot laugh when in an anxious panic . . . hence the accepted belief in folklore that to be able to laugh in times of danger is a sign of courage" (May, 1953, p. 54). It is in such circumstances that opportunities for genuine fulfillment are created as individuals realize their lives are not hopeless (Watzlawick, 1983).

Third, humor is an excellent predictor of creativity. Humor is expressed in many forms such as laughter, comedy, kidding, joking, clowning, mimicking, and teasing (Robinson, 1978). A comic like Woody Allen achieves success due to his ability to see ordinary relationships in an extraordinary way by making light of them or viewing them from different angles (Lax, 1975). Successful clients and counselors are similarly creative in their perceptions of people and issues. Thus they achieve an ability to laugh as well as cry.

A fourth and final reason for employing the art of humor in counseling is that research supports its use. It has been only recently that the concept of humor "has been taken seriously as a subject worthy of scientific investigation" (Newton & Dowd, 1990, p. 668). Yet, many studies show promising aspects of humor that make it relevant for counseling. For instance, humor helps initiate and facilitate communication in social relationships and increases the "likability" of those who use it (Kane, Suls, & Tedeschi, 1977; Martineau, 1972). Couples who share a similar sense of humor are significantly more attracted to each other than those who do not (Murstein & Brust, 1985). Also managers and job candidates who are seen as possessing a good sense of humor are more likely to be viewed positively (Duncan, 1985; Machan, 1987). Indeed, humor correlates with problem-solving ability. Humor may be employed to probe into difficult subject areas, diffuse anger, and circumvent resistance (Adams, 1974; Gladding & Kezar, 1978; Haig, 1986).

Practice of the Use of Play and Humor in Counseling

Play approaches to counseling have traditionally been directed at children under the age of 12 who have limited cognitive and verbal abilities, but play may be employed successfully with older children and bright adults. Many individuals, regardless of age, "have trouble expressing their feelings or attitudes verbally or artistically but can express themselves in play through manipulative materials such as puppets, toys, or play dough or clay" (Drummond, 1988, p. 155). In these situations, play becomes a projective technique, and counselors observe what and how clients do in distraction-free situations with selective materials such as matchbox cars, dolls, or artistic materials. Those who can use such media in a creative and fun way are most likely to be successful in resolving developmental and situational aspects of their lives.

Two of the primary ways play is associated with counseling include the use of sandplay and games. Sandplay is the more highly developed of these two procedures and is appropriate for "children as young as two years old and with adults of all ages" (Allan, 1988, p. 221). Games are also universal in nature. The methods of play chosen at any level in counseling and how these procedures are set up and carried out are entrusted to the discretion of the counselor and client(s) based on needs and knowledge.

Sandplay

The British pediatrician Margaret Lowenfeld (1939; 1979) is credited with initiating the counseling technique known as sandplay, which she called "The World Technique." The method was refined by the Swiss Jungian analyst Dora Kalff (1981), who formulated theoretical principles and began training practitioners. Kalff centered her ideas around the importance of a healthy ego and the repairing of impaired ego functions for children who had experienced trauma early in their development. In sandplay, people of various ages have "the opportunity to resolve traumas through externalizing [their] fantasies and by developing a sense of relationship and control over inner impulses" (Allan, 1988, p. 213).

The basic equipment in sandplay includes two sandtrays approximately 20 x 30 x 3 inches, one of which contains dry sand and the other wet sand. The trays are waterproof and the insides are painted blue to simulate water when the sand is pushed back. In addition, numerous miniature toys and objects are made available to children in such forms as people, buildings, animals, vehicles, vegetation, structures, natural objects, and symbolic objects (such as wishing wells) (Allan & Berry, 1987).

The process of sandplay begins when the counselor invites the person "to play with the sand and to choose from the assortment of minatures" (Allan, 1988, p. 214). In this process of invitation a safe, protected, and nonjudgmental environment is offered. The counselor becomes a witness to the individual's working through issues symbolically, and as an active observer, offers encouragement and support.

People go through predictable stages in the enactments they create in play therapy. The three most dominant stages are: (a) chaos, (b) struggle, and (c) resolution. In order to capture the essence of how clients are progressing, counselors either photograph or sketch the end results of each session. They later review these pictures with individual clients. A typical pattern of treatment requires 8 to 10 sessions.

Games

The appeal of games spans a lifetime. Some healthy games are made up spontaneously and last only a brief time. However, most productive games in life have rules and are meant to be enacted for longer periods of time. There are basically two types of games with rules: "table games (dominoes, cards, dice and board games . . .) and physical games (hide and seek, jump rope, ball games of various types . . .)" (Smilansky & Shefatya, 1990, p. 2). There are always people willing to participate in childhood games such as "Candyland," "jacks," and "Fox and Hounds" and adulthood games such as "Monopoly," basketball, and chess. There is something about playing games that is inviting, exciting, and fun for most individuals. Games challenge "one's wits and afford an opportunity to do something with others besides engage in conversation that may not be challenging . . ." (Jourard & Landsman, 1980, pp. 367–368).

Humor

The introduction of humor in counseling is more spontaneous than play, and can originate from either the counselor or client, depending on the readiness and timing. Counselors from any theoretical position are often effective with clients if they introduce a measured amount of humor into their counseling sessions. Humor at selective points in the counseling process helps promote joining and breaks down clients' resistance (Minuchin

& Fishman, 1981). However, to be effective in such circumstances, humor must be spontaneous. For example, if counselors humorously point out their own faults or weaknesses as appropriate, clients usually feel more open and comfortable. This type of gentle self-effacement counselors use is similar to a strong quality in an admired leader, such as Abraham Lincoln, who joked about his height, or a public performer, such as baldheaded blues singer Eddie "Cleanhead" Vinson, who uses his apparent handicap of baldness humorously to convey the idea that he is so desirable that women have rubbed his hair away (Moreno, 1987).

Regardless of how much humor is employed in counseling sessions, it is almost always unexpected and, as an atypical way of structuring a seriously sanctioned relationship, it often alters the way an individual or a family views distress (Beier, 1966). "Psychologically humor overrides negative emotions, dissipating them at least for the time being, and then [leads] to perceptual changes in . . . thinking" (Witmer, 1985, p. 169). The result is the creation of a reframed atmosphere in which "people can consider themselves more objectively than if they are 'out of control'" (Barton & Alexander, 1981, p. 431).

One of the outstanding proponents of the use of humor in counseling is Albert Ellis. His rational-emotive therapy (RET) approach advocates the use of humor to help clients understand their absurd and self-defeating behaviors more clearly. Humor from this perspective may take many forms, but most often it is manifested in the employment of "paradoxical intention, evocative language, irony, wit, cartoons, and rational humorous songs" (Ellis, 1986, p. 34). The last technique—rational humorous songs—is an especially creative and enjoyable contribution to helping. Ellis (1981) recommended that his clients sing these songs on a regular basis in order to be able to laugh at themselves and see their situations more realistically. Although some of the songs contain offensive language, many of them do not, and all are imbued with a large amount of fun.

Existentialists such as Viktor Frankl (1985) and Rollo May (1953) use humor too. They make use of it to help their clients increase self-awareness of their lives in the present and of what they can do to become less anxious and more accepting of themselves and situations. Humor in such cases may take the form of present-oriented storytelling where counselors ask clients to try to see the absurdity in a situation as if they were someone from a different culture or planet watching the event. Thus, a person who is anxious about meeting people might make up a story or enact a minidrama showing him- or herself nervous and upset to the point of silliness, such as saying nonsense syllables to a new acquaintance or simply staring at his or her shoes. In a similar way, existential counselors might share their own stories about parallel situations with clients in order to illustrate points. These brief stories have funny endings that might or might not be true.

At other times, clients are asked to focus on past or anticipated humorous moments in their lives, which helps them concentrate on an area they may have forgotten or neglected. Once clients begin to see funny parts of life, they are no longer able to be so serious or overinvolved in their present difficulties. In such cases, humor enlightens clients to themselves, and they leave counseling sessions with a new perspective. For example, a client who had become depressed over the loss of an opportunity in young adulthood that could not be altered took on a more optimistic attitude after making up a joke about the end of his life and accountability. When asked in the afterlife what he had learned from all his suffering over the years, the client replied: "I'll never do that again."

Humor is an excellent tool for making or emphasizing a point either in a therapeutic or an educational setting. Most individuals remember amusing stories more easily than prosaic facts. For example, in illustrating the difficulty involved in changing homeostatic clients, a counselor educator told his students the following story.

> As a novice counselor I once had to make a telephone call from a pay phone. The cost of the call in those days was a dime and all I had was a quarter. I wondered if I would get 15 cents back if I deposited the quarter into the coin slot. As I was thinking, I noticed that the phone company had written above the coin receiver these words: "This phone does not give change," to which another person (I am sure a client) had scribbled: "It doesn't even try."

The point of the story (that obtaining change is difficult) was enhanced by the punch line at the end. It helped students remember that despite counselor efforts over and above the call of duty, some individuals will not move past the current state in which they are stuck no matter how well-intentioned the counselor (Meier, 1989).

Humor also unites people who share a common experience. Bonding is facilitated by the employment of almost all the creative arts, but humor is especially powerful because of the enjoyment associated with it. Examples of the effect of humor on bonding are prevalent at college class reunions when former classmates remind each other of "fun times." They are present also when a group that speaks one language, such as Italian, listens to someone speak a similar language, such as Spanish, for the first time. In such moments, differences and similarities are exaggerated and identities solidified (Arieti, 1976).

Play and Humor in Counseling With Specific Populations

Play and humor differ across the life span and within various cultures. Thus, there are no universal jokes or playful behaviors that appeal to everyone. For example, adults prefer structured games such as baseball or football much more than do children, who engage in solitary or parallel play in a free-form fashion. Young children do not understand puns (humorous plays on words) but many adults relish them. On a cultural level, the British and French often find "slapstick" humor, such as that displayed by the comedian Jerry Lewis, much more funny than do Americans. Likewise the humor of Robin Williams as a radio talk show host in the movie "Good Morning Viet Nam" was embraced by troops in the field but hated by the military hierarchy. Despite personal and cultural differences, play and humor have many applications with various groups.

Children

One of the most direct ways children express their feelings is through play. "Children who cope effectively with stress are able to enjoy play. They become involved. They smile and laugh, and their bodies are relaxed. They use play to symbolically reenact their problems, solving them and overcoming imagined aggressors" (Brenner, 1984, p. 175).

Therefore play environments are often employed to assess the mental health of children because children feel comfortable in them (Drummond, 1988). Through play, children overcome barriers to good mental health. This awareness is the basis for such structured activities as Dr. Robert Bowman's material, "Test Busters" where children overcome anxieties about tests esentially by playing through their fears. Overall, "imaginative play in young children . . . appears to be a manifestation and expression of the human tendency to create, transcend the immediate, and be aware of the possible" (Shmukler, 1985, p. 39).

Virginia Axline (1947, 1967) found that when children are encouraged to own their emotions in an accepting and unstructured environment involving the use of play, they grow and become more positive in their relationships with others. Axline thus set up situations where children were free to act out their fantasies in a trusting relationship with a counselor who was nonjudgmental. These environments allowed children to expose their innermost thoughts and feelings safely in symbolic ways that could later be interpreted and subsequently treated.

Special populations of children, such as those with Down's syndrome, have been treated therapeutically using play. For example, play dough has been used as an entertaining medium "for emotional expression on a basic level" (O'Doherty, 1989, p. 174). Angry sounds may be orchestrated when pounding the play dough and whining sounds may accompany the squeezing of this material. Dry and clean materials are used with these children in order to heighten their curiosity and promote learning.

An interesting example of this approach is found in the "paper and box" stimulus reported by O'Doherty (1989), where a large packing box filled with various types of paper is kept in the counselor's office and children are allowed to climb in it and play such games as "Hi!" and "Bye!" The idea behind the box and the games it spontaneously inspires is that through this medium children encounter the creation of rapport, the skill of reciprocity, and the art of pretending. By fixing the box with multiple entrances and exits, counselors can heighten play and social interaction among the children.

Children enjoy game activities in general. Often therapeutic experiences can be "couched" in game language. An example of such a game is the "Talking, Feeling, and Doing Game" (Gardner, 1983), in which children are interviewed in the context of a game where there is a game board, dice, and movement along squares from start to finish. In this game children are encouraged to talk and acknowledge their emotions and actions in a positive and productive way. They win in this game through moving their board icon and through gaining greater insight into themselves.

Humor also has a powerful effect in counseling children. It provides a way for them to cope and to make their environments safe. One of the ways to foster cathartic laughter in children is to "exaggerate routine actions and expressions" (O'Doherty, 1989, p. 175). These behaviors include pretending. Children seem to enjoy seeing many of their daily situations mimicked. It creates a distancing effect and gives them a clearer perspective on what they are doing and how they and others look in social interactions.

The marriage and family therapist Cloé Madanes (1981) illustrated how having fun in a serious situation can eliminate dysfunctional behavior. In one case, for example, a boy pretended to have a temper tantrum and his mother pretended to comfort him. Although the enactment was "just pretend," the boy and his mother had fun together and the behavior disappeared after that. Basically, humor is displayed more physically in young children and more verbally and intellectually in older children (Figley, 1989).

Adolescents

Play activities are a natural to use with adolescents (Nickerson & O'Laughlin, 1983). Most counselors who work with this population include play activities for their clients. In hospitalized settings, play with teenagers may center around the "use of toys, amputation dolls, clay, and checkers" (Keith & Whitaker, 1991, p. 109). It may also include the use of nintendo, basketball, volleyball, and other games that involve eye-hand motor skills and a sense of achievement or teamwork. An interesting game created for high school freshmen is called "Frustration" (Teeter, Teeter, & Papai, 1976). In this group game, entering students are exposed to some of the hazards of high school and the effects that chance may take in their lives.

One of the most frequently used types of "play" with adolescents is an "outward bound" experience where teenagers are challenged to overcome a number of obstacles in a wilderness setting individually and collectively (Bacon, 1984). In such a program the activities themselves become physical metaphors that help bring isolated individuals together as a unit. Often an act of play in the midst of adventure will help solidify a spirit of connectedness that increases everyone's sense of their own human qualities and those of others.

In regard to humor, adolescents, in the words of Cyndi Lauper, "just want to have fun." Often they do this through teasing, mimicking, or acting out. Although adolescents may enjoy such light moments individually and collectively, it is crucial to make sure that fun and laughter are positively directed and that the subjects that inspire it are discussed. One way to accomplish this is for counselors to work with librarians to keep popular and prosocial humor on display at schools and in community settings. These books, periodicals, and even cartoons can be the subject of periodical guidance lessons or other public presentations.

Another way to work with teenagers is to have them make up skits that humorously treat subjects they are concerned about, such as the environment, war, dating, and drugs. A type of cooperative "Stunt Night" activity can be the result of such an effort in schools where the skits are videotaped and shown to participants again at a party following the event. Through a combination of action and process involving humor, teenagers gain a sense of empowerment and empathy that gives them more freedom to operate constructively within societal boundaries.

Adults

Adult development is usually conceptualized in terms of intimacy and generativity issues (Erikson, 1963; Gilligan, 1982). In both domains, the concept of play is seldom stressed. However, adults "need to develop a sense of play, which can give them a much-needed 'space' away from the constraints of normal living, and helps them to renew their capacities for tackling life's problems and opportunities" (Liebmann, 1986, p. 13). One way of providing that opportunity is through counseling sessions and through counseling homework assignments.

Two of the best examples of counseling techniques for adults involving play and humor are "shame attacks" and the singing of "humorous rational songs." Both approaches have a quality that exemplifies the philosophy of their originator, Albert Ellis (1977) who advocates that therapeutic interventions at times can and should be fun. In shame attacks,

people are encouraged to display behaviors they have been fearful of enacting to see that the world does not collapse or fall apart if they make a mistake or do not get what they want. For example, a person might ask for a glass of water in a restaurant without ordering food, or might fall down at a shopping mall and see what happens.

With humorous rational songs, clients play with words and thoughts in such a way that makes many of their problems less serious and therefore resolvable (Watzlawick, 1983). As mentioned previously, Ellis has written numerous songs to familiar tunes, but creative individuals also can write their own words or music. For example, to the tune "I've Been Working on the Railroad," a client once wrote:

> I've been working on my problems/All the livelong day/
> I've been working on my problems/Just to pass the time
> away/Can't you hear the problems growing/Rise up so
> early in the morn/Can't you hear me as I'm shouting/
> This is how I blow my horn

Regardless of the artistic nature of adult play, actions that encourage playfulness can be essential in helping people gain perspective. Counseling with a playful quality is healthy and helpful for mature individuals often squeezed between too many demands and not enough time or resources.

Most adults appreciate good humor and are open to laughter. They even appreciate a counseling joke such as the following: Question: "How many counselors does it take to change a light bulb?" Answer: "Just one, but the light bulb really has to want to change."

Some adults, especially those who are depressed, actually benefit therapeutically through experiencing amusement in their life situation (Corey, 1991; Ellis, 1977). Thus, humor is an excellent approach to use with these individuals.

Most humor with adults in counseling takes the form of verbal exchanges and is often couched as an exaggeration, such as with someone who just got fired again for insubordination: "You certainly have gotten to be an expert at shooting yourself in the foot. I admire a good shot, but you may be too good." There is a danger that exaggerations may become sarcastic, but the best contain a good mixture of truth and sensitivity.

The Elderly

Far too little work has been done on using play and humor with the elderly. However, older people enjoy selected forms of play and fun. Because play is sometimes dependent on physical mobility, older adults may be confined to activities that involve less strenuous exertion such as blowing bubbles, bouncing balloons, playing sensory awareness games, or participating in sedentary interactions with cards, checkers, or dominoes (Mayers & Griffin, 1990). On the other hand, many elderly enjoy similar playful events to those of other age groups. Regardless, play is helpful in maintaining health and vigor within this population, and the types of play utilized are quite varied.

One fun example of play used in groups is known as "passive/active" (Fisher, 1989). In this form of play part of a group is passive and the other part active. The active members make statues out of the passive members (within reason), but the passive members may "come alive" at any time, and, likewise, the active members may become passive at any time. The fun in this play is found in creating the statues and in the element of surprise.

(It is important to make sure that all of the group does not become active or passive at the same time).

Humor is also much appreciated in this age group and the wit of participants is often keen (Nahemow, 1986). One general advantage the elderly have over other age groups is the appreciation of more diverse forms of humor because they, as a group, have more experiences on which to draw. However, they joke about certain themes more than about others, such as sexuality, wisdom, and death.

In addition to encouraging and utilizing humor verbally, counselors can use nonverbal actions in working with the elderly to bring out the best and the lightest in them when warranted. For instance, if an elderly person takes the role of a "doormat" in a relationship with others, a counselor might literally have the client lie down and act out this helpless part (if the client is physically fit) (Raber, 1987). Such humorous enactments create an impression on clients through fun and encourage them to change because situations lack their usual seriousness (Watzlawick, 1983).

Groups

Numerous games are available to individuals in groups that increase awareness. Gestalt therapy, especially as practiced by Elizabeth Mintz (1971), has a number of games, some of which will be mentioned here. In "Name Game" two individuals carry on a conversation using only their names and no other words. In a variation of this game entitled "Yes-No," they have a similar conversation but in this case only the words "yes" and "no" can be used.

In addition to the Gestalt literature, pragmatic practitioners such as Pfeiffer and Jones (1980) have devised group games in the forms of exercises that are helpful in moving groups along to appropriate stages of development. These games can be gimmicky if not implemented with purpose and theoretical knowledge. In the hands of skilled practitioners, however, they are stimulating and provide opportunities for personal growth and interpersonal interaction that would otherwise not take place.

Humor also has a positive effect on groups. Long-lasting groups frequently contain a humorous component (Scogin & Pollio, 1980). Humor benefits a group by giving members a "shared history" and a bonding experience, and it often helps them look forward to the group experience. In addition, it eases tensions, distills hostility, and promotes creativity and positive communication (Baron, 1974; Fine, 1977; LaGaipa, 1977; Murstein & Brust, 1985). "Groups able to laugh at their failures will be able to take risks together, will be prone to communicate openly and without fear, will be sensitive to the membership needs of the participants, and will be open to change" (Napier & Gershenfeld, 1989, p. 408).

Overall, the lighter moments in a group, expressed in humorous ways, help enlighten and enliven the group process, and thus everyone in the group "wins" by having fun and feeling connected. Humor in groups can be cultivated by "taking advantage of paradoxes within the group, discrepancies, the unpredictable, the unanticipated, universal truths, the absurd, and the familiar and the memorable" (Napier & Gershenfeld, 1989, p. 408). Humor helps group members resolve difficulties within themselves and differences with others. Thus, if group leaders employ humor in a nonhostile way and help their members see the lighter moments of intense situations, the group as a whole will develop more harmoniously, and individual tolerance may be fostered in a positive manner.

Family/Couple Counseling

There is an old adage that the "family that plays together stays together." The saying has an intuitive appeal but is too simple. Although playing can involve fun and bonding, it has to be fair and based on a "win-win" format in order to be therapeutic. In game theory a fundamental distinction is made between two types of games that occur in human interaction. The first is a "zero-sum" game where if one person wins, another loses. Zero-sum games characterize competitive situations and may be necessary in some areas, such as in sports, where the goal is to crown a champion. The second type of game is "non-zero-sum" and is based on the principle that "losses and gains do not cancel each other out. This means that their sum may lie above or below zero" (Watzlawick, 1983, p. 118). In such a game everyone may win or lose simultaneously.

Intimate human relationships are always non-zero-sum situations, so that if one member of a couple or family gains self-esteem by putting down another member, everyone loses. Too often couple and family members do not realize this aspect of deep relationships and thus discount other members, making life more difficult for themselves by playing zero-sum games. Therefore, for healthy and functional marital and familial relationships, it is vital to establish fairness, tolerance, and trust. "Without them, the game becomes a game without end" (Watzlawick, 1983, p. 121). Counselors who work with couples and families have an opportunity to help them learn to avoid zero-sum games by setting up cooperative situations within and outside of counseling sessions where the good of everyone is promoted at no one's cost. An example of this is sharing household tasks so that everyone gets a chance to relax and there is more time to include everyone in family unity activities such as picnics and recreational outings.

A way to help parents and children learn how to improve their relationships is filial therapy (Guerney, 1982; Guerney & Guerney, 1989). In this procedure, based on person centered theory, parents of young children meet in groups to learn how to conduct play sessions with their own children. The idea is to break down communication barriers and feelings that get in the way of parent/child communications while creating positive perceptions and experiences. Filial therapy focuses on two programs: Child Relationship Enhancement Therapy and Parenting Skills Training. Separately or together they help families and individuals gain more feelings of self-worth and competence.

In addition to play and games, humor is also frequently used in family counseling. "By deliberately understating or overstating a perception, humor clarifies intent, nudges a family member in a new direction, or encourages a little movement or change. . . . It serves as a strengthening agent for families, giving them a new way to experience their joint difficulties" (Satir & Bitter, 1991, p. 33). Veteran family therapists, such as Salvador Minuchin and Charles Fishman (1981), use humor as a way of joining with families and helping everyone relax in the opening moments of the counseling process. "Part of the process of joining is to arrive with the family at that point where humor replaces helplessness and despair. . ." (Morawetz & Walker, 1984, p. 61). An example of this happened once to the existential therapist Virginia Satir. A mother brought her 8-year-old child in for treatment because he was still eating with his fingers, and the mother worried that he would continue this bad habit and at age 21 would embarrass himself at important social gatherings. Satir's response in the opening session was to look at the mother in a little disbelief and say in an incredulous way: "You mean in 13 years, he won't learn this!" Her response caused both women to laugh, and the mother called back 16 years later to tell

Satir her son had done quite well as an adult and had become a psychologist (Satir & Bitter, 1991).

The use of humor with families is "a very personal thing" and its success depends on the skills of the counselor in reading verbal and nonverbal messages and in timing an appropriate witty response (Barker, 1986, p. 189). If used correctly humor may relieve tension at any point of the counseling process, such as when a completely disorganized spouse who is the subject of complaint is described as a person who gives the organized spouse "a wonderful opportunity . . . to learn patience!" (Carter & Orfanidis, 1976, p. 200).

Play and Humor in Counseling With Other Creative Arts

Play and humor appear in many forms. Silly songs, absurd actions, structured activities, jokes, and stories have already been mentioned. In addition to these primarily verbal and musical forms, play and humor are found in combination with other creative arts such as drama and cartoons.

Drama

Humor and drama are displayed in many ways. Since ancient times, comedies have been a favorite form of entertainment for humankind. In modern times, this type of play continues to be popular as witnessed by the number of dinner theaters in most major cities and the number of television shows that are situational comedies or comedy-oriented. On any given night, American television hosts a variety of comic entertainers from the legendary gentle humor of "The Tonight Show" to the outrageous skits of "Saturday Night Live." A majority of the most frequently aired television productions often center on comic themes too, such as the classic "I Love Lucy" series to "Mash" and the "Bob Newhart Show." Regardless of the form, humor segments are geared to helping viewers take themselves and the world less seriously.

Counselors as a group are avid comedy consumers because of the power of humorous play to help them switch gears in life and enjoy it to the fullest. Some counselors, as mentioned before, make good, constructive use of humor. An easy way to become involved in using humor is to assign clients a homework task of watching certain television shows or attending a specific comedy performance. This type of assignment must be geared to the individual taste of the client and is usually not a first-session type of intervention. One way it can be facilitated, however, is to have clients buy or rent certain comic material from video stores and see the material in the privacy of their homes, or to view selected works together with clients in a session. In either case, processing the material afterwards is a must.

A second way comic drama can be used in counseling is through enactment, such as mime. This form of nonverbal, but humorous entertainment has excellent potential for stirring up emotions that are both light-hearted and serious. Clients can watch professional mimes, such as Marcel Marceau, first before trying an actual enactment. The advantage of humorous mime in counseling is that although it is entertaining, it uncovers important unresolved issues. Humorous mime can be used with large groups, such as families, as well

as with individuals. It helps clients feel their emotions more fully, and when it is finished, the client may be more verbal than might otherwise be the case.

Comic Strips/Cartoons

As mentioned earlier, some comic strips and cartoons have a universal appeal because of their subject matter and focus. Comic strips and cartoons are concrete in conveying a visual message. In counseling, they can be used to illustrate points that either counselors or clients need to consider. For example, the following cartoon created by Nels Goud and Tom McCain (1981) illustrates this point by showing the demands that counselors often face on a daily basis. It conveys this message in a way that words alone could not.

David and Tim Fenell have also depicted situations in family therapy in cartoons that illustrate the nature of this endeavor for counselors and consumers. Like Goud and McCain, they get to the essence of relationships in families mainly by picturing the serious in a funny but frank manner.

Besides being viewed informally as suggested above, cartoons can also be used in counseling in the following ways (O'Brien, Johnson, & Miller, 1978). First, counselors can give clients an anthology of selected cartoons or comic strips with the idea that they will be discussed in relationship to clients' problems. Through such a process, counselors hope clients will reconceptualize their concerns in a humorous way. A second method of using cartoons and comic strips in counseling is as homework. In this method counselors give clients cartoons that clients are to study and bring back for discussion at the next session. The main difference between the first and second method in the O'Brien et al. scheme is that more time is given in the second process for reflection to clients' situations.

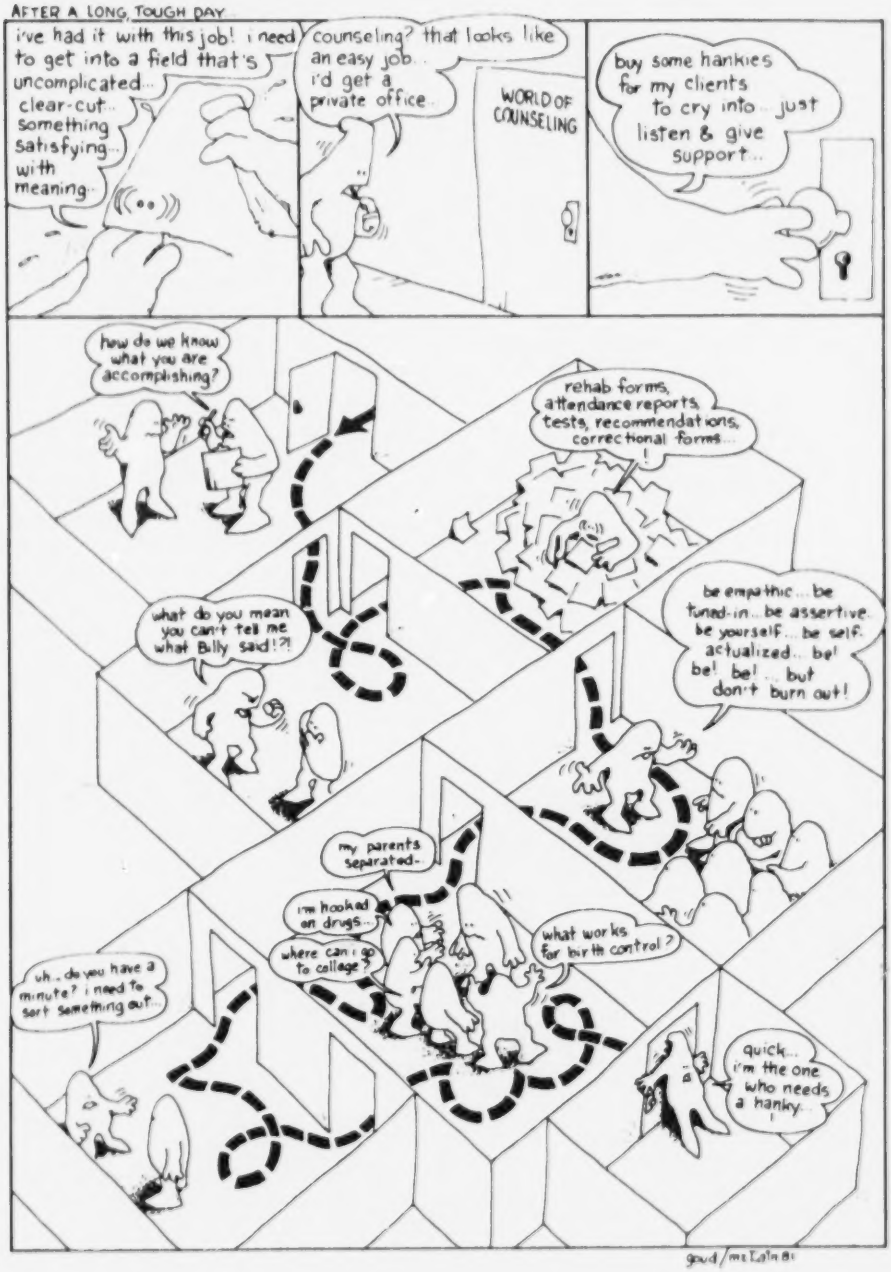
A third way of using comic strips and cartoons in counseling is for clients to find comic strips and cartoons that relate to their situations and to bring this material to counseling sessions for discussion. A final way of using this creative art in counseling is to have clients either fill in the ballooned part of cartoon scenes or to draw their own picture or strip. In either case, clients, while having fun, reveal some essential information about themselves that can be used in sessions as a mechanism for understanding and change.

Summary

This chapter has emphasized that although counseling is not a comical activity, play and humor can be used in a therapeutic way with children, adolescents, adults, the elderly, groups, and couples/families. Play is especially powerful in helping clients gain a perspective on their situations and in devising appropriate and creative strategies to address these concerns. It helps clients rehearse and gain mastery over themselves and their environments and become more totally integrated on a verbal and nonverbal level. Play may help in establishing rapport and in understanding personal, group, and family dynamics as well. In humanizing counseling into a workable, enjoyable, and productive experience, at times "play is the thing" that will capture the imagination of clients and counselors and will help them ultimately to work in a theory-based, fun, and nonthreatening environment where understanding and change may occur regardless of age or cultural differences.

Likewise, humor can be used in counseling sessions to help clients and counselors gain insight and perspective on their situations. Humor is an art in regard to its content and timing. When employed in counseling, humor can be used to probe difficult subject areas,

The Counselor's World


AFTER A LONG, TOUGH DAY
i've had it with this job! i need to get into a field that's uncomplicated... clear-cut... something satisfying... with meaning...
counseling? that looks like an easy job... i'd get a private office...
WORLD OF COUNSELING
buy some hankies for my clients to cry into... just listen & give support...
how do we know what you are accomplishing?
rehab forms, attendance reports, tests, recommendations, correctional forms...
what do you mean you can't tell me what Billy said!?!
be empathic... be tuned-in... be assertive... be yourself... be self-actualized... be! be! be!... but don't burn out!
my parents separated-
i'm hooked on drugs...
where can i go to college?
what works for birth control?
uh... do you have a minute? i need to sort something out...
quick... i'm the one who needs a hanky...
gould/mcCann

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BEST COPY AVAILABLE

NOW, WHAT SEEMS TO BE THE PROBLEM?

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diffuse anger, circumvent resistance, and make the counselor more likable and effective. Humor in counseling is nonhostile and universal in nature. When effective, it helps to promote physiological, psychological, and social changes, thus fostering more positive mental health. Different forms of humor appeal to various populations, and what may be funny to one individual at a particular age and stage in life may not seem humorous to someone else in another circumstance. A key as to what to do and when depends on counselor sensitivity.

In general, most counselors underutilize the resources of play and humor. Despite some problems in using them, the impact of employing these modalities in a sensitive and sensible manner has great potential.

References

Adams, W. J. (1974). The use of sexual humor in teaching human sexuality at the university level. *The Family Coordinator, 23*, 365–368.

Allan, J. (1988). *Inscapes of the child's world*. Dallas, TX: Spring.

Allan, J., & Berry, P. (1987). Sandplay. *Elementary School Guidance & Counseling, 21*, 300–306.

Allport, G. W. (1955). *Becoming*. New Haven, CT: Yale University Press.

Arieti, S. (1976). *Creativity: The magic synthesis*. New York: Basic Books.

Axline, V. (1947). *Play therapy*. Boston: Houghton Mifflin.

Axline, V. (1967). *Dibs in search of self*. New York: Ballantine Books.

Bacon, S. (1984). *The conscious use of metaphor in Outward Bound*. Denver: Colorado Outward Bound School.

Barker, P. (1986). *Basic family therapy* (2nd ed.). New York: Oxford.

Exercises

1. Many introductory counseling exercises are playful and humorous, for instance, having individuals pretend to be animals representative of themselves and then actually to behave like the animals. Invite members of a group with whom you work to begin a session by acting as if they were a significant historical figure. They should play their parts for at least 15 minutes, after which they should inform others of their role. Then, as a group, participants talk about what they learned from the experience in regard to themselves and others that can help them in their daily functioning.

2. Think of a developmental situation that individuals in society usually experience, for example, going to school, beginning a career, getting married, or having children. Then, based on your knowledge of these events, devise a board game with dice (similar to the game "Monopoly") for clients to play. The idea of the game is to learn about particular situations, not to compete. Try the game out with colleagues and, after you have made refinements, use it in your counseling setting as appropriate.

3. Consult local and national periodicals to find what comic materials are most widely read. Sample as many of these as you can and record your feelings about the humor they convey, for example, positive, negative, neutral. Make a presentation with what you have found on "Fun That Can Be Used in Counseling" to your colleagues.

Baron, R. A. (1974). The aggressive-inhibiting influence of nonhostile humor. *Journal of Experimental Social Psychology, 10*, 23–33.

Barton, C., & Alexander, J. F. (1981). Functional family therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy* (pp. 403–443). New York: Brunner/Mazel.

Beier, E. (1966). *The silent language of psychotherapy*. Chicago: Aldine.
Brenner, A. (1984). *Helping children cope with stress*. Lexington, MA: Lexington Books.
Burke, J. F. (1989). *Contemporary approaches to psychotherapy & counseling*. Pacific Grove, CA: Brooks/Cole.
Carter, E. A., & Orfanidis, M. M. (1976). Family therapy with one person and the family therapist's own family. In P. J. Guerin, Jr., (Ed.), *Family Therapy* (pp. 193–219). New York: Gardner.
Corey, G. (1991). *Theory and practice of counseling and psychotherapy* (4th ed.). Pacific Grove, CA: Brooks/Cole.
Cousins, N. (1979). *Anatomy of an illness as perceived by the patient*. New York: Norton.
Crocker, J. W., & Wroblewiski, M. (1975). Using recreational games in counseling. *The Personnel and Guidance Journal*, 53, 453–458.
Drummond, R. J. (1988). *Appraisal procedures for counselors and helping professionals*. Columbus, OH: Merrill.
Duncan, W. J. (1985). The superiority theory of humor at work: Joking relationships as indicators of formal and informal status patterns in small, task-oriented groups. *Small Group Behavior*, 16, 556–564.
Ellis, A. (1977). Fun as psychotherapy. In A. Ellis & R. Grieger (Eds.), *Handbook of rational-emotive therapy* (pp. 262–270). New York: Springer.
Ellis, A. (1981). The use of rational humorous songs in psychotherapy. *Voices*, 16, 29–36.
Ellis, A. (1986). Rational-emotive therapy and cognitive behavior therapy: Similarities and differences. In A. Ellis and R. Grieger (Eds.), *Handbook of rational-emotive therapy*, vol. 2 (pp. 31–45). New York: Springer.
Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.
Figley, C. R. (1989). *Helping traumatized families*. San Francisco: Jossey-Bass.
Fine, G. A. (1977). Humour in situ: The role of humour in small group culture. In A. J. Chapman & H. C. Foot (Eds.), *It's a funny thing, humour* (pp. 315–318). New York: Pergamon.
Fisher, P. P. (1989). *Creative movement for older adults*. New York: Human Sciences Press.
Frankl, V. E. (1985). Paradoxical intention. In G. R. Weeks (Ed.), *Promoting change through paradoxical therapy* (pp. 99–110). Homewood, IL: Dow Jones-Irwin.
Fry, W., Jr. (1991, April). *Laughter for the health of it: Search for humor research*. Paper presented at the annual conference of The Humor Project, Saratoga Springs, NY.
Gardner, R. A. (1983). The talking, feeling, and doing game. In C. E. Schaefer & K. J. O'Connor (Eds.), *Handbook of play therapy* (pp. 259–273). New York: Wiley.
Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
Gladding, S. T. (1991). *In acceptance*. Unpublished manuscript.
Gladding, S. T., & Kezar, E. F. (1978). Humor in teaching family life education: Advantages of use and guidelines for preventing abuse. *Family Life Educator*, 9, 10–11.
Guerney, B. (1982). Filial therapy: Description and rationale. In G. L. Landreth (Ed.), *Play therapy* (pp. 342–353). Springfield, IL: Charles C Thomas.
Guerney, L., & Guerney, B. (1989). Child relationship enhancement: Family therapy and parent education. *Person Centered Review*, 4, 344–357.
Haig, R. A. (1986). Therapeutic uses of humor. *American Journal of Psychotherapy*, 40, 543–553.
Jourard, S. M., & Landsman, T. (1980). *Healthy personality* (4th ed.). New York: Macmillan.
Jung, C. G. (1964). *Man and his symbols*. Garden City, NY: Doubleday.
Kalff, D. M. (1981). *Sandplay: A psychotherapeutic approach to the psyche*. Boston: Sigo Press.
Kane, T. R., Suls, J., & Tedeschi, J. T. (1977). Humour as a tool of social interaction. In A. J. Chapman & M. C. Foot (Eds.), *It's a funny thing, humour* (pp. 13–16). New York: Pergamon.
Keith, D. V., & Whitaker, C. A. (1991). Experiential/symbolic family therapy. In A. M. Horne & J. L. Passmore (Eds.), *Family counseling and therapy* (2nd ed.) (pp. 108–140). Itasca, IL: Peacock.

LaGaipa, J. (1977). The effects of humour on the flow of social conversation. In A. J. Chapman & H. C. Foot (Eds.), *It's a funny thing, humour* (pp. 421–427). New York: Pergamon.

Landreth, G. L. (1987). Play therapy: Facilitative use of child's play in elementary school counseling. *Elementary School Guidance & Counseling, 21*, 253–261.

Lax, E. (1975). *On being funny: Woody Allen and comedy*. New York: Manor Books.

Levy, T. M. (1987). *Brief family therapy: Clinical assumptions and techniques*. In P. A. Keller & S. R. Heyman (Eds.), Innovations in clinical practice: A source book (pp. 63–77). Sarasota, FL: Professional Resource Exchange.

Liebmann, M. (1986). *Art therapy for groups*. Cambridge, MA: Brookline.

Lowenfeld, M. (1939). The world pictures of children. *British Journal of Medical Psychology, 18*, 65–73.

Lowenfeld, M. (1979). *The world technique*. London: George Allen & Unwin.

Machan, D. (1987, November 2). What's black and blue and floats in the Monongahela River? *Forbes, 14*, 216–220.

Madanes, C. (1981). *Strategic family therapy*. San Francisco: Jossey-Bass.

Martineau, W. H. (1972). A model of the social function of humor. In J. H. Goldstein & P. E. McGhee (Eds.), *The psychology of humor*. New York: Academic Press.

May, R. (1953). *Man's search for himself*. New York: Norton.

Mayers, K., & Griffin, M. (1990). The play project: Use of stimulus objects with demented patients. *Journal of Gerontological Nursing, 16*, 32–37.

Meier, S. T. (1989). *The elements of counseling*. Pacific Grove, CA: Brooks/Cole.

Mintz, E. E. (1971). *Marathon groups: Reality and symbol*. New York: Appleton-Century-Crofts.

Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

Morawetz, A., & Walker, G. (1984). *Brief therapy with single-parent families*. New York: Brunner/Mazel.

Moreno, J. J. (1987). The therapeutic role of the blues singer and considerations for the clinical application of the blues form. *Arts in Psychotherapy, 14*, 333–340.

Mosak, H. H. (1989). Adlerian psychotherapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (4th ed.) (pp. 65–118). Itasca, IL: Peacock.

Murstein, B. I., & Brust, R. G. (1985). Humor and interpersonal attraction. *Journal of Personality Assessment, 49*, 637–640.

Nahemow, L. (1986). Humor as a data base for the study of aging. In L. Nahemow, K. A. McCluskey-Fawcett, & P. E. McGhee (Eds.), *Humor and aging* (pp. 3–26). New York: Academic Press.

Napier, R. W., & Gershenfeld, M. K. (1989). *Groups: Theory and experience* (4th ed.). Boston: Houghton Mifflin.

Ness, M. E. (1989). The use of humorous journal articles in counselor training. *Counselor Education and Supervision, 29*, 35–43.

Newton, G. R., & Dowd, E. T. (1990). Effect of client sense of humor and paradoxical interventions on test anxiety. *Journal of Counseling & Development, 68*, 668–672.

Nickerson, E. T., & O'Laughlin, K. S. (1983). The therapeutic use of games. In C. E. Schaefer & K. J. O'Connor (Eds.), *Handbook of play therapy* (pp. 174–187). New York: Wiley.

O'Brien, C. R., Johnson, J., & Miller, B. (1978). Cartooning in counseling. *The Personnel and Guidance Journal, 57*, 55–56.

O'Doherty, S. (1989). Play and drama therapy with the Down's Syndrome child. *Arts in Psychotherapy, 16*, 171–178.

Pfeiffer, D. C., & Jones, J. E. (1980). *A handbook of structured experiences for human relations training*, Vol. VIII. San Diego: University Associates.

Raber, W. C. (1987). The caring role of the nurse in the application of humor therapy to the patient experiencing helplessness. *Clinical Gerontologist, 7*, 3–11.

Robinson, V. M. (1978). Humor in nursing. In C. Carlson & B. Blackwell (Eds.), *Behavioral concepts and nursing intervention* (2nd ed.) (pp. 191–210). Philadelphia: Lippincott.
Rogers, C. R. (1951). *Client-centered therapy*. Boston: Houghton Mifflin.
Satir, V. M., & Bitter, R. (1991). The therapist and family therapy: Satir's human validation process model. In A. M. Horne & J. L. Passmore (Eds.), *Family counseling and therapy* (2nd ed.) (pp. 13–46). Itasca, IL: Peacock.
Schaefer, C. E., & Reid, S. E. (1986). *Game play*. New York: Wiley.
Scogin, F., & Pollio, H. (1980). Targeting and the humorous episode in group process. *Human Relations, 33*, 831–852.
Shmukler, D. (1985). Imaginative play: Its implication for the process of education. In A. A. Sheikh & K. S. Sheikh (Eds.), *Imagery in education* (pp. 39–62). Farmingdale, NY: Baywood.
Smilansky, S., & Shefatya, L. (1990). *Facilitating play*. Gaithersburg, MD: Psychosocial & Educational Publications.
Teeter, R., Teeter, T., & Papai, J. (1976). Frustration—A game. *The School Counselor, 23*, 264–270.
Thompson, C. L., & Rudolph, L. B. (1988). *Counseling children* (2nd ed.). Pacific Grove, CA: Brooks/Cole.
Watzlawick, P. (1983). *The situation is hopeless, but not serious*. New York: Norton.
Winnicott, D. W. (1974). *Playing and reality*. New York: Pelican.
Witmer, J. M. (1985). *Pathways to personal growth*. Muncie, IN: Accelerated Development.

9

Trends in Counseling and the Creative Arts

Amid the cascade of thoughts
reflections flow and like a river
weave a path through changing vistas
where there is room and time for growth.
At dusk I ponder the journey's end
and in the spirit of transformation
I quietly launch forth frail ideas
into waters filled with hope and turmoil
Conscious I may never see
their final forms or substance
yet knowing inside, peacefully,
that others will keep the best on course.

(Gladding, 1991)

IT IS DIFFICULT TO PREDICT the future and distinguish between trends and fads. Nevertheless, there is no shortage of futurists who are willing, although not always able, to focus on the probable and possible (e.g., Brooks & Gerstein, 1990). In examining the arts and counseling, a number of issues and articles point toward new directions in the field. In this chapter, four of the most likely of these events will be discussed briefly—research, education, identity, and interdisciplinary efforts among professionals. These topics are examined from the perspective of those who identify themselves primarily as art therapists because professionals who distinguish themselves as such have organized efforts to bring each issue to the attention of others. In all probability none of these issues will dominate the field of counseling in the foreseeable future, but all of them will have an impact that will probably change the way the arts in counseling are practiced and viewed.

Research

One of the most pressing needs confronting counseling and the creative arts is generating scholarship. This need stems from the demands of the public, professional associations, licensure boards, and insurance companies. Counselors who employ nontraditional methods in their work such as the creative arts must be accountable to their clients and to others connected with mental health services. Such a demand makes sense when it is realized that the results of counseling may be beneficial or harmful, and that if the creative arts in counseling are to be uniformly respected, they must merit admiration based on more than anecdotal testimony (Gladding, 1992).

One of the frustrations with counseling research in the creative arts is the difficulty of controlling or isolating variables that facilitate or hinder client growth. Traditional research requires that practitioners demonstrate how a factor, such as a particular piece of music or a specific movement exercise, made a difference in the treatment of clients. This problem is not particular to the creative arts—every counseling approach has had to deal with showing how its main techniques, such as empathy and congruence, made an impact on the outcome of the therapeutic process (Kirschenbaum & Henderson, 1989). For some of the creative arts associated with research-based theories, the problem of empirical validation is not a high hurdle. For example, imagery has a strong link with behaviorism and research dating from the 1950s with Joseph Wolpe (1958), up to more recent studies with Arnold Lazarus (1982), and those in career counseling (Skovholt, Morgan, & Negron-Cunningham, 1989). All have shown that imagery is an effective approach in helping people change. Likewise, humor has an affiliation with cognitive-behavioral theories, such as rational-emotive therapy, and thus has a history of proven effectiveness (Ellis, 1986).

Some of the other creative arts approaches, however, especially those without an association to established counseling theories, are struggling more with the question of research. For example, the major factors that form the basis for using literature in counseling have been delineated (Hynes, 1988). However, empirical data supporting how these qualities specifically affect the client and how they may be used in a verifiable way by a number of different counselors in various settings is still lacking, except for behaviorally based reading materials (Riordan & Wilson, 1989). Although progress has been made in this and other areas, there is still much work to be completed in determining the influence of specific creative arts on the field of counseling either separately or in combination. An

aspect that hinders faster development of research specifics in this area among counselors who use the creative arts is their lack of tradition for conducting research and the subjective nature of many creative arts experiences.

Nevertheless, McNiff (1986) believes the creative arts have an advantage in generating research due to the fact that they are not "exclusively identified with either art or science" (p. 281). McNiff further stated that because the creative arts field is broad and encompasses arts, psychology, education, religion, philosophy, and psychiatry, that varied, cooperative, innovative, and interdisciplinary research is essential and may be forthcoming. Indeed an interdisciplinary approach to researching major components of the creative arts in counseling may be one of the main ways this area of counseling will develop. In conducting research on the process and outcome of using the creative arts in counseling, the opportunity emerges for new discoveries that may become a part of the field of assessment as a whole. The challenge of finding proper procedures and of being innovative are the primary obstacles facing scientific practitioners in the field. It will probably take a number of years before enough data are gathered to assure skeptics and advocates of the creative arts alike that there is a substantial base for practice. In the meantime, the creative arts in counseling will parallel psychoanalysis in its early years as being looked on with suspicion but being heuristic as a field of study.

Education

There has been considerable movement since the 1970s to set up educational programs for those who wish to specialize in the creative arts in counseling. The number of programs devoted to this type of specialization has grown at a steady pace. For instance, in 1967 there was one program in art therapy. By 1989 there were 17 approved programs regulated by the American Art Therapy Association (Levick, 1989). Other associations devoted to the creative arts such as music, dance/movement, and drama have likewise established training centers that are either university-affiliated or free-standing. The facilities and faculties connected with such programs are devoted to providing systematic information to new practitioners in a cohesive and comprehensive manner. Yet, educational endeavors in the creative arts therapies face several difficulties. Some of the major problems for the creative arts therapies have been identified as follows (Johnson, 1989, p. 1):

1. "How should the main educational tasks of clinical practice, research, and theoretical scholarship be distributed" in "undergraduate, master's, and doctoral programs?"
2. "What are the essential skills required of the creative arts therapist, and what methods of training (didactic, experiential, research, internship, thesis)" should be employed to promote competencies in these skills?
3. How can those who wish to become creative arts therapists "maintain an integrated identity amidst the competing influences of . . . more established fields" such as "education, psychology, counseling, marriage and family therapy, and professional art or music schools" where training programs in the creative arts in counseling are presently housed?

As with other professions, there are no easy answers to these problems. Part of the solutions depends on the stage of development of particular creative arts and their history. For example, in regard to the distribution of knowledge, most of the creative arts approaches

require an advanced degree. The major exception is music where the "B.M. degree is the most common" (Maranto & Bruscia, 1989, p. 16). In addition, most of the creative arts therapies have one accrediting body where issues regarding educational standards are constantly reviewed and updated. The exception again is music, where both the National Association for Music Therapy (NAMT) and the American Association for Music Therapy (AAMT) compete in the establishment of standards.

In addressing indirectly the second question mentioned above that Johnson raised about competencies, Levick (1989) stated that "knowledge transcends program orientation" (p. 58). Therefore, problems and issues that are a part of all counseling programs must be addressed in therapeutic creative arts programs. Educational institutions offering degrees in the creative arts therapies must give their recipients the best of both the art and science of helping.

Finally, in focusing on the third issue of Johnson's about the unique identities of professions, some of the creative arts approaches have been subsumed under other professional disciplines such as psychology, counseling, and marriage and family therapy (Drachnik, 1989). Professionals who use the creative arts in these recognized areas of mental health services do not mind being identified as psychologists, counselors, or marriage and family therapists. However, graduates of programs with degrees specifically in the creative arts therapies are sensitive to this type of labeling, and there is considerable effort among such graduates to be recognized as a unique force in the umbrella structure of mental health services providers.

Overall, the state of education in the creative arts therapies is in flux. A general trend seems to be that more and better standards are being established for those who are interested in obtaining degrees or certification in these areas. Music, art, and dance/movement seem to be the most advanced of the special artistic approaches in formatting comprehensive curriculums. Only through the continued establishment of strong educational programs and growth in the numbers of practitioners will identity issues be resolved.

Identity

Almost all effective treatment procedures have common elements. The arts in counseling are no exception. Among the common qualities they share are "attention to verbal and nonverbal expression, symbolism, use of sensory modes, vision, order, and balance" (Mazza, 1988, p. 485). However, two aspects of the arts in counseling unite them regardless of anything else. These common aspects are expressed in a "commonality of form and pattern" (Aldridge, Brandt, & Wohler, 1990, p. 189). In regard to form, the arts "are based on verbs and doing is all important" (Aldridge, et al., p. 193). This feature differentiates the arts from scientific inquiry, which is premised on empirical data and stresses nouns (Bateson, 1978). In a scientific procedure there is talk about a dynamic but not enactment. The second crucial quality of the therapeutic arts is the pattern they display that emphasizes creativity as much or more than catharsis. This type of expression not only has the power to heal but to enhance. Creative arts in counseling concentrate on going beyond clients' emotional release to the process of building a self-concept that is stronger and more congruent than before.

It is this commonality of form and pattern that both unites and frustrates those allied with the use of the arts in counseling. On one hand, this common bond promotes the

continued growth of the National Coalition of Arts Therapies Association (NCATA), which is an umbrella organization for those who wish to learn more about or promote the creative arts in counseling. On the other hand, the central features that unite the arts are the very qualities that different art therapy groups measure themselves against and overtly stress in emphasizing the uniqueness of their disciplines.

Different associations have specific identities that relate to their name, purpose, and emphasis. The arts in counseling are no exception, and at least nine major groups have formed to promote the arts or an art form in counseling. Among the best known of these groups are:

- American Art Therapy Association (AATA)—The primary association in promoting visual arts therapies: address is 505 E. Hawley Street, Mundelein, IL 60060.
- American Association for Music Therapy (AAMT)—One of two associations stressing professional identity in music: address is 66 Morris Avenue, P.O. Box 359, Springfield, NJ 07081.
- American Dance Therapy Association (ADTA)—The major association promoting dance and movement in therapy: address is 2000 Century Plaza, Columbia, MD 21044.
- Association for Play Therapy (APT)—The major association promoting play within the context of therapy: address is c/o California School of Professional Psychology-Fresno, 1350 M Street, Fresno, CA 93721.
- Center for Play Therapy—An outstanding educational center at the University of North Texas directed by Dr. Garry L. Landreth, a leader in the field: address is P.O. Box 13857, Denton, TX 76203-3857.
- National Association for Drama Therapy (NADT)—The major association promoting drama therapy in the United States: address is 19 Edwards Street, New Haven, CT 06511.
- National Association for Music Therapy (NAMT)—One of the two major organizations that sets standards for the education of individuals who wish to become music therapists: address is 505 Eleventh Street, SE, Washington, DC 20003.
- National Association for Poetry Therapy (NAPT)—Since 1981 NAPT has been the major organization in the country stressing the use of poetry and other forms of literature in therapy: address is 225 Williams Street, Huron, OH 44839.
- National Coalition of Arts Therapies Associations (NCATA)—This association is the super association of art therapies. It has become increasingly active since 1985 in publicizing the benefits of all the creative arts therapies to other helping specialists and to the general public: address is 655 Fifteenth Street, NW, Suite 300, Washington, DC 20005.

Interdisciplinary Movement

A popular recent television snack food commercial began by stating: "Some things just weren't made to go together, like poetry and power tools." The scene then focused on a man trying to read poetry while another man cut his way through a room with a power saw. It is an unforgettable scene and the commercial is effective in illustrating its point. However, even though some combinations do not complement each other or synergize into a more powerful gestalt than each one taken separately, such is not usually the case

with the creative arts in counseling and therapy. In fact, most creative arts harmonize well with one another, such as poetry and music, or imagery and movement. A major trend in using the creative arts in counseling is to employ them in concert with one another.

The history of education in the creative arts attests to the interrelated nature of the arts in counseling—among the first graduate master's degrees in the field was an umbrella program encompassing art, dance, and music therapy at Hahnemann University in 1976 (Levick, 1989). Although students could specialize in any of the three creative arts approaches, they all were awarded the same degree—Master of Creative Arts in Therapy (MCAT)—and crossover courses as well as common core courses were encouraged explicitly as well as condoned implicitly. In a similar type of arrangement, there has been an interdisciplinary education program in arts education since 1980 at Columbia College in Chicago. This program and others that parallel it offer art professionals and other students "an opportunity to broaden their artistic horizons and to deepen their sense of themselves as creative people" (Watkins, 1990, p. A17).

The type of programs just described provide a chance for those enrolled to become more aware of their senses and to increase their flexibility and social skills. Basically, they put people together who otherwise might not meet each other and help them dialogue and collaborate in personally and professionally enriching ways. The type of professional community fostered in such interdisciplinary programs is reflected in other efforts too, such as the publication of the *Arts in Psychotherapy* journal and the sponsoring of programs by the National Coalition of Arts Therapy Associations (NCATA). The common aspect of both these collaborative endeavors is that they are inclusive in their content, membership, and commitment.

Numerous other illustrations of artistic-based, interdisciplinary counseling procedures could be cited. One of the most powerful examples of the integration of several creative arts therapies is an assessment procedure used at West Oak Hospital in Houston, Texas, where practitioners of art therapy, movement therapy, and music therapy pool their talents in determining if a physician-referred client is an appropriate candidate for any of these treatment procedures. The assessment takes two sessions in which all the creative art therapists meet together as a team (as opposed to six individually conducted sessions previously). Sample work in each specialty area is solicited, and then the team makes a recommendation of a specific creative arts approach, if any, to the referent. The advantages of this procedure are many, including being one modality that "may help present an aspect of the patient not elsewhere seen" (Pulliam, Somerville, Prebluda, & Warja-Danielsson, 1988, p. 77).

Another example of the interdisciplinary approach to using the creative arts in counseling was a gender role workshop where extensive use was made of the creative art forms of guided imagery, movies, music, and music videos to underscore and "promote participants' learning in both the cognitive and affective domains" (O'Neil & Carroll, 1988, p. 193). For example, in discussing "family socialization and life," workshop leaders employed film clips from the movies "On Golden Pond" and "Ordinary People." In addition, they showed the "Motown Anniversary Video" and played music from recording artists Marvin Gaye ("What's Going On") and Diana Ross ("Missing You"). Although it might be argued that these creative arts were adjunctive or tangential to the total workshop, the leaders of this experience and the participants did not rate these aspects of learning in such a manner.

Summary

The creative arts in counseling are currently undergoing a transition that promises to be long-term and productive. Major efforts are under way on a grass-roots level to promote the recognition of the creative arts therapies in a more positive way as a profession. These efforts include attempts to upgrade research, strengthen educational standards, mold better identities for creative art therapies individually and collectively, and foster more interdisciplinary efforts in all dimensions of theory, assessment, practice, and promotion.

These four trends will continue to be important in the future as more research is conducted in the use of artistic endeavors in counseling and more refined theories and techniques are generated in creative arts therapies. Efforts supportive of empirical and pragmatic aspects of the creative arts in counseling have the potential to lead toward recognition of creative arts approaches in interdisciplinary counseling endeavors. Educational programs in the creative arts therapies will most likely continue to evolve.

Outside of the above-mentioned efforts, counselors who enjoy being creative will, in the spirit of the pioneers in the counseling profession, be artistic in their endeavors to help people change, heal, and achieve integration. Thus, the extent to which formal artistic therapies grow is almost moot to practitioners who employ selected approaches and techniques in their work because of intuitive and empirical evidence of support. Counseling will most likely continue to be an artistic practice with a scientific base, and art will inform science as scientific efforts refine the art of the profession.

References

Aldridge, D., Brandt, G., & Wohler, D. (1990). Toward a common language among the creative art therapies. *Arts in Psychotherapy, 17*, 189–195.

Bateson, G. (1978). *Steps to an ecology of mind*. London: Paladin.

Brooks, D. K., Jr., & Gerstein, L. H. (1990). Counselor credentialing and interprofessional collaboration. *Journal of Counseling & Development, 68*, 477–484.

Drachnik, C. (1989). The history of the licensing of art therapists as marriage, family, and child counselors in California. *Arts in Psychotherapy, 16*, 45–48.

Ellis, A. (1986). Discomfort anxiety: A new cognitive behavioral construct. In A. Ellis & R. Grieger (Eds.), *Handbook of rational-emotive therapy*, Vol. 2 (pp. 105–120). New York: Springer.

Gladding, S. T. (1991). *The launching*. Winston-Salem, NC: Unpublished manuscript.

Gladding, S. T. (1992). *Counseling: A comprehensive profession* (2nd ed.). Columbus, OH: Merrill/Macmillan.

Hynes, A. M. (1988). Some considerations concerning assessment in poetry therapy and interactive bibliotherapy. *Arts in Psychotherapy, 15*, 55–62.

Johnson, D. R. (1989). Introduction to the special issue on education and training in the creative arts therapies. *Arts in Psychotherapy, 16*, 1–3.

Kirshenbaum, H., & Henderson, V. L. (Eds.). (1989). *The Carl Rogers reader*. Boston: Houghton Mifflin.

Lazarus, A. A. (1982). *Personal enrichment through imagery* [audiotape]. New York: BMA Audio Cassettes.

Levick, M. F. (1989). On the road to educating the creative arts therapist. *Arts in Psychotherapy, 16*, 57–60.

Maranto, C. D., & Bruscia, K. (1989). The status of music therapy education and training. *Arts in Psychotherapy, 16*, 15–19.

Mazza, N. (1988). Poetry and popular music as adjunctive psychotherapy techniques. In P. A. Keller & S. R. Heyman (Eds.), *Innovations in clinical practice: A sourcebook* (Vol. 7) (pp. 485–494). Sarasota, FL: Professional Resource Exchange.

McNiff, S. (1986). Freedom of research and artistic inquiry. *Arts in Psychotherapy, 13*, 279–284.

O'Neil, J. M., & Carroll, M. R. (1988). A gender role workshop focused on sexism, gender role conflict, and gender role journey. *Journal of Counseling and Development, 67*, 193–197.

Pulliam, J. C., Somerville, P., Prebluda, J., & Warja-Danielsson, M. (1988). Three heads are better than one: The expressive arts group assessment. *Arts in Psychotherapy, 15*, 71–77.

Riordan, R. J., & Wilson, L. S. (1989). Bibliotherapy: Does it work? *Journal of Counseling and Development, 67*, 506–508.

Skovholt, T. M., Morgan, J. I., & Negron-Cunningham, H. (1989). Mental imagery in career counseling and life planning: A review of research and intervention methods. *Journal of Counseling and Development, 67*, 287–292.

Watkins, B. T. (1990, September 19). In non-traditional, interdisciplinary study at Columbia College, artists get a chance to broaden their horizons, hone creativity. *Chronicle of Higher Education, 37*, A17, A20.

Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, CA: Stanford University Press.

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